CYPRESS HEALTH REGION

Annual Report

to the

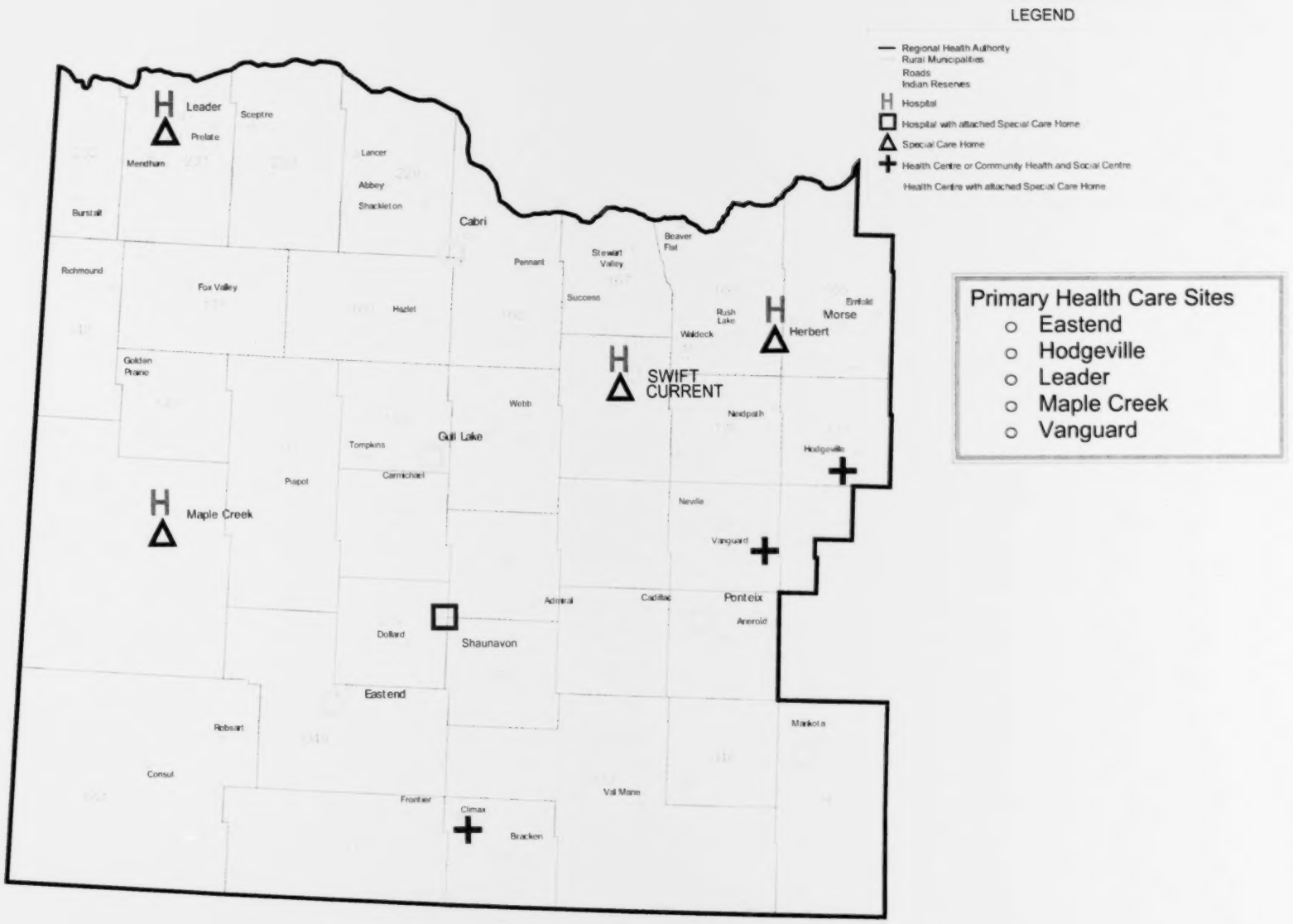
Minister of Health

For the fiscal year ending
March 31, 2008

Together – Your Health, Our Future

Saskatchewan Health

Cypress Regional Health Authority



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Canadian Council on Health Services Accreditation
Conseil canadien d'agrément des services de santé
ACCREDITED × AGRÉÉ
Cypress Health Region
Saskatchewan
Congratulations on meeting national standards of excellence in quality care and service.
2007 - 2010
Nous vous félicitons d'avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.

The Cypress Health Region's
Annual Report to the Minister of Health
for the year ending March 31, 2008
can also be accessed on the Cypress Health Region website:
www.cypresshealth.ca/publications.htm

LETTER OF TRANSMITTAL

TO: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Cypress Regional Health Authority is pleased to provide you and the residents of the health region with its 2007-08 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2008.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the successes that our health region has enjoyed over the 2007-08 fiscal year. Of note, we would like to recognize:

- The transfer of programs and services to the new Cypress Regional Hospital, and the subsequent Grand Opening and Ribbon Cutting ceremony;
- Approval and implementation of a three year Strategic Plan;
- Quality improvement measures implemented during the identification of adverse and/or critical events;
- Achievement of a three year accreditation award from Accreditation Canada;
- The implementation and official opening of the Picture Archiving Communications System (PACS);
- Approval of two additional primary health care sites in the communities of Maple Creek and Eastend; and,
- The multidisciplinary efforts towards enhancing the quality of care that is provided and the workplace environment for our employees.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing support and dedication to quality health care is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health and the support their staff has provided during the fiscal year.

Together – Your Health, Our Future

Respectfully submitted,

Tyler Bragg
Chairperson
Cypress Regional Health Authority

WHO WE ARE

The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province.

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determines provincial health service priorities, and allocates resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides within its boundaries.

An *Accountability Document* between each RHA and Saskatchewan Health further specifies the organizational, program and service expectations for each RHA, and links expectations with funding.

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's approach for health care. In consideration of this support, the RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

The health region's strategic statements align with Saskatchewan Health's goals and are directed towards the provincial Vision of:

"Healthy People. A Healthy Province".

CYPRESS HEALTH REGION

Vision

Together – Your Health, Our Future

Our Values

Safe Quality Compassionate Care
Integrity and Accountability
Ethical Decision Making
Innovation and Learning
Shared Responsibility for Improving Health
Respect for Diversity

These value statements have been established to guide the many decisions that are made regarding the delivery of health programs and services throughout the health region.

Every value statement plays a role in the decision-making processes that occur. For example, a focus on "quality compassionate care" has been demonstrated through the region's ongoing involvement in the *Safer Healthcare Now!* Initiative and participation in the variety of projects/research offered within the Health Quality Council (HQC).

"Innovation and learning" has been evidenced by early adoption of MDS (minimum data set) in Home Care, with the health region becoming one of the first regions in the province to have all home care staff trained and implementing this client assessment tool. The use of telehealth and teleconferencing technology has allowed staff, physicians and clients the opportunity to access long distance education.

The Regional Health Authority is also guided by a series of policies and procedures that provide a framework for its governance responsibilities. A "Code of Conduct" policy and procedure speaks to the expectations of individual RHA members:

> *"The RHA expects of itself and its members ethical and businesslike conduct. It expects its members to treat one another and staff members with respect, cooperation and a willingness to deal openly on all matters."*

The health care environment is one where ethical dilemmas can present themselves when two or more values, or two or more individual perceptions of decision-making, are in a conflicting position. The Ethics Committee was created to address ethical issues as they arise due to daily operational issues or more strategic decision-making processes. The Committee is comprised of health region staff and RHA representatives, along with several members of the community.

CYPRESS HEALTH REGION

Goals and Objectives

Goal #1 – Improved access to quality health services

Objectives
- Improve access to hospital, specialized services, home care and long term care
- Responsive, coordinated primary health care
- Reduce waiting times for surgical and diagnostic procedures

Goal #2 – Effective health promotion and disease prevention

Objectives
- Improve promotion, advocacy and information for healthier lifestyles
- Improve the health of communities

Goal #3 – Retain, recruit, and train health providers

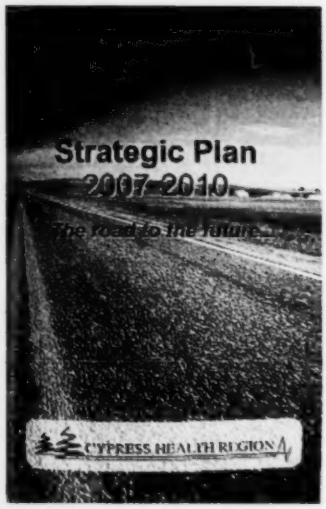
Objectives
- Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs
- Develop representative workplaces that facilitate full participation in all health occupations
- Safe, supportive and quality workplaces that retain and recruit health care professionals

Goal #4 – A sustainable, efficient, accountable, and quality health system

Objectives
- Ensure safe, quality, effective health care
- Appropriate governance, accountability, and management for the health sector
- Sustain publicly funded and publicly administered Medicare

Strategic Plan 2007-2010

Recently, the RHA and management were involved in the development of a three-year strategic plan, which provides the foundation to meet long-term goals and demonstrate progress consistent with the region's vision statement. The plan was prepared in accordance with the Ministry of Health's strategic direction, provincial performance measures, the Canadian Council on Health Services Accreditation framework and standards, and the health region's vision, values, goals and objectives.



The plan includes a strategic "scorecard" which will serve as a key summary tool to guide staff with operational planning and the RHA's desire to be accountable and transparent. In addition, the establishment of targets and trending of results will address performance measure requirements of all stakeholders, including the office of the Provincial Auditor.

The region has completed year one of its three-year strategic plan.

The *Strategic Plan 2007-2010* provides the blueprint for achieving the following strategic priorities: Rural Health Strategy, Primary Health Care, Recruitment and Retention, and A Culture of Safety. It includes minor revisions to the RHA's value statements and goals/objectives, which will reflect the emphasis on "safety" for clients and staff.

The *Strategic Plan 2007-2010* can be accessed by visiting the health region's website at www.cypresshealth.ca/board.htm

Programs and Services

Approximately 1,650 staff provides a wide variety of facility-based and community-based programs and services across the health region.

Hospitals/Acute Care

The Cypress Regional Hospital in Swift Current offers a comprehensive range of acute clinical services including general medicine, emergency, general surgery and anesthetic services, obstetrics and gynaecology, paediatrics, internal medicine, on-site radiology, inpatient psychiatry and an intensive care unit. Secondary specialty services such as ophthalmology, urology and a host of visiting specialties that travel to provide services also play a prominent role at the regional hospital.

Mural in Paediatric Playroom

Residents of southwestern Saskatchewan celebrated the transfer of programs and services to the new Cypress Regional Hospital, which occurred at the end of April 2007. This facility provides state-of-the-art acute care programs and services, and will serve as the newest acute care facility for the region.

Four community hospitals in Herbert, Leader, Maple Creek, and Shaunavon offer general medicine, emergency services, basic laboratory and diagnostic procedures, and observation/ convalescent/palliative care.

Leader Hospital

Six health centres (Cabri, Climax, Eastend, Gull Lake, Mankota, Ponteix) provide access to a variety of services such as observation/ convalescent/ palliative care, basic laboratory and diagnostic procedures, and outpatient care.

Prairie View Health Centre - Mankota

Specialized Acute Care Services

The Cypress Regional Hospital provides a multi-slice computerized tomography (CT) scanning service, an award winning six-station renal dialysis unit and a Community Oncology Outreach Program.

Institutional Supportive Care

Long-term care services are provided in 12 communities across the health region. The program is offered in a variety of standalone long-term care facilities and integrated facilities (i.e. with a health centre or acute facility).

Emergency Medical Services

A total of 21 ambulances based in 12 ambulance service sites across the health region provide EMS services to the residents of southwestern Saskatchewan – 7 region-operated and 5 municipal or privately operated. The EMS services made a total of 3,399 trips over the fiscal year, which is an increase of over 150 trips from the previous year. Our EMS crews travelled over ½ million kilometres as they transferred clients.

Graduates of Emergency Response Team training in Herbert

Home Care

A full array of home-based supportive care services is available throughout the region. Regionalized case management processes and standardized assessment tools have been in place and provide consistent practices.

Primary Health Care

With the addition of designated Primary Health Care sites in Maple Creek and Eastend during the year, the region is poised to become one of the province's shining stars in Primary Health Care development. Along with established sites in Vanguard, Hodgeville and Leader, over 26% of the region's population are situation within range of a Primary Health Care team.

Vanguard PHC Site Patient Stats (Physician .5 days/week, NP 3.5 days/week)

	2007-08	2006-07	2005-06
Physician	467	517	661
RN(NP)	1248	906	1349

Hodgeville PHC Site Patient Stats (Physician .5 days/week, NP 1.5 days/week)

	2007-08	2006-07	2005-06
Physician	447	494	556
RN(NP)	1294	1079	1240

Leader PHC Site Patient Stats (RN(NP) is full time)

	2007-08	2006-07	2005-06
Physician	N/A	N/A	N/A
RN(NP)	2527	2059	1694

Chronic Disease Management

Chronic disease management has been emphasized by the region and programming has been implemented in a number of communities throughout the health region. The region and its physician partners have been nationally acknowledged for their involvement in the Health Quality Council's Chronic Disease Management Collaborative.

Community Health Services

The region provides a comprehensive set of mental health, rehabilitation, alcohol and drug assessment, and problem gambling services. All of these programs provide services to children, youth and adults.

A 10-bed unit located in the Cypress Regional Hospital provides inpatient mental health services. The unit is staffed 24 hours per day and a psychiatrist is on call at all times. The average length of stay is among the lowest in the province due to discharge planning being initiated on admission to the unit and the excellent working relationships with community based organizations and health care organizations (HCOs).

Population Health

The Population Health Promotion Strategy continues to form the model for population health programming. A variety of programs and services that include nutrition, public health inspection and nursing, dental health education, speech language and immunization are offered by professional staff. The region hosts the provincial Parent Mentoring Program of Saskatchewan Coordinator. The addition of a Health Promotion Coordinator has enhanced the focus on Mental Wellbeing and Substance Use/Abuse.

Region staff continues to participate in the development of the Southwest Drug Strategy where Community Action Teams have been established to develop a plan that addresses substance use/abuse within the region.

Health Human Resources

Similar to other health authorities throughout the province and country, the Cypress Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (for example – physicians, registered nurses, public health inspectors, therapists, pharmacists, speech language pathologists, etc.) will continue to create issues for the continuation of service provision in some areas.

The maintenance of 24-hour registered nurse coverage has been difficult in several rural facilities. The region has partnered with the staff and union partners to maximize the use of available nursing resources and utilize registered nurses and licensed practical nurses to their full scope-of-practice. A variety of caregiver mixtures are being explored to provide the type of care required. As well, the region has emphasized ongoing discussions with municipal council leaders in identifying strategies to enhance the recruitment and retention efforts.

The health region is appreciative of the strategies that the Ministry of Health has implemented relating to health care professional recruitment and retention. Together with the Ministry's granting and bursary opportunities and internet-based postings of job opportunities, the region has increased its recruitment efforts and marketing strategies to move towards its objective of becoming the employer of choice among health regions. Regional activities that are attempting to address health human resource issues are closely tied to the five strategic goals identified in the Ministry's planning document.

Extensive planning has identified a series of strategies that will lessen the risks – for example, the creation of healthy workplace programming initiatives (transfer/lifting/repositioning program, occupational health and safety emphasis, etc.); Employee & Family Assistance Program; Employee Opinion Survey Action Team (EOSAT); ability management program; promotion of representative workforce; creation of a learning environment where continuing educational opportunities are available in a variety of mediums.

The value of a learning environment will prove beneficial as we continue to learn from the incidents that occur and through the root cause analysis investigations that follow them. As we implement best practises, change will be inevitable.

Physician Recruitment

The Cypress Health Region has a number of rural-based single physician practices which may pose difficulties in recruiting replacements when the necessity arises. Combined with the geographic concerns and the distribution of population in our rural areas, access to physician services may become an issue. During the year, a number of temporary service disruptions in our facilities were the result of physician unavailability.

Recruitment of specialist physicians to provide services at the Cypress Regional Hospital has posed challenging in the past.

The addition of a Medical Affairs Coordinator has noticeably enhanced the efforts to address the recruitment challenges of physicians and to develop the necessary relationships, which assist in retaining these hard-to-recruit professionals. Health region officials have met with municipal and community leaders to discuss options relating to the development of primary health care services.

Financial

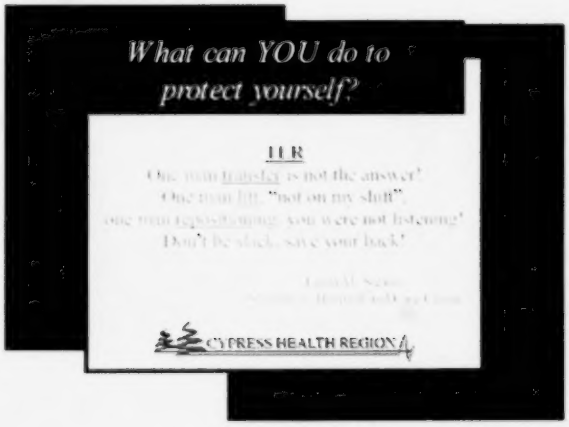
Although the Ministry of Health receives a large percentage of the provincial budget from the Treasury Board, health care costs and expenditures continue to escalate at a more advanced pace than the funding that is provided. Appropriate utilization of available financial resources has been, and will continue to be, a high priority for the future.

A series of financial-related risks have been identified below, along with a series of plans that will lessen the potential burden of these risks.

- Limited financial resources to invest in capital infrastructure – offset the risk by implementing processes and plans to identify, measure and report capital infrastructure needs to Saskatchewan Health based on a defendable capital asset management plan. The province has recognized in its 2008/09 budget the need to inject additional capital and infrastructure funding to start addressing the collective needs of all regional health authorities.
- Limited financial resources to invest in implementing research-based best practices – continual efficiencies realized in service delivery models to allow for reinvestment into best practices. With limited resources, a focused implementation plan for best practices must be initiated to ensure the region receives best value for any investment that is made.
- Increasing expectations on the health system, placing operational pressures on the region – as expectations of the government and public increase, the region communicates the impact of those increasing expectations to Saskatchewan Health to ensure the operating financial pressures are identified to enable the government and the region to work together to ensure the expectations can be met.
- Funding may be unable to keep pace with the escalating costs of the changing health care system – continual communication with Saskatchewan Health through monthly financial reporting allows the region to work with the government to identify and address operating pressures, as they are experienced. The region also implemented and continues to implement many process enhancements to streamline business processes to create operational efficiencies. The region is also focusing significant effort on monitoring sick time and overtime to reduce these costs.

Emphasis on Client/Staff Safety

Ensuring the safety of all clients as they access services within the health system and the staff as they fulfill their duties has become a priority across the entire country. The concept of patient safety is a key ingredient to achieving accreditation status through the Canadian Council on Health Services Accreditation and through a variety of organizations including *Safer Healthcare Now!*, Health Quality Council, and the Canadian Patient Safety Institute. Our health region has taken the approach to safety seriously, and if the region did not pay due attention to identifying, anticipating, and address the overall issue of safety, we would be overlooking this serious risk.



Cypress is focused on 'safety' and has incorporated it in its *Strategic Plan 2007-2010* document, both as a separate value statement and inclusion in one of the goal statements. Other means of emphasizing safety include a department dedicated to safety and quality improvement, implementation of a falls prevention program, enhanced attention to occupational health and safety programming, purchase of capital equipment to increase the level of safety for staff and clients alike, dedicated transfers/lift/repositioning staff person, quality care coordination, ability management program, among others.

Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver program and services to residents of our health region. *The Regional Health Services Act* defines a health care organization (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the health region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the health region. HCOs are required to submit audited financial statements and statistical information to the health region.

These relationships include:

- *Foyer St. Joseph* – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the region-owned Ponteix Health Centre facility.
- *Private Ambulance Service Operators* – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix and Val Marie.
- *McKerracher Support Services Inc.* – provider of independent living services for individuals suffering from a long-term mental illness.
- *Canadian Mental Health Association* – provider of day programming for individuals suffering from long-term psychiatric disorders.

The health region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region, where joint client case planning is coordinated.

Senior Management Team

The Chief Executive Officer is responsible to the Authority for the general operations and day-to-day administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration and delivery of facility-based and community-based programs and services across the region.

The Senior Management Team consists of the following positions and is depicted in the organization chart below:

- Executive Director Health Services
- Executive Director Community Health Services
- Executive Director Finance
- Executive Director Human Resources
- Executive Director Quality & Privacy
- Executive Director Communications
- Senior Medical Officer
- Director of Executive and Board Support

Community

Cypress Regional Health Authority

Chief Executive Officer
Jim Hornell

Medical Health Officer
Dr. Khami Chokani

Senior Medical Officer
Dr. Ivo Radevski

Director Executive & Board Support	Executive Director Communications	Executive Director Community Health Services	Executive Director Finance	Executive Director Health Services	Executive Director Human Resources	Executive Director Quality & Privacy
Kim Kruse	Bryce Martin	Beth Vachon	Ed Harding	Christine Mirka	Brenda Schwan	Beth Adashynski

NOTES:

- *Mr. Ed Harding, Executive Director Finance, started his employment with the health region in November 2007*

Physicians are Key Team Members

The involvement and input of the physicians within Cypress is key to the success of the health region's operations and strategic planning.

Practitioner Advisory Committee (PAC) as of March 31, 2008

Dr. Vijay Ashtekar	Dr. Naseem Malleck
Dr. Khami Chokani	Dr. Dawood Moola
Dr. Rida El Buni	Dr. Ivo Radevski
Dr. Jason Gatzke	Dr. Mustafa Shapan
Dr. Clare Kozroski	Dr. Nisar Soomro

Clinical Chiefs as of March 31, 2008

Family Medicine	Dr. Jason Gatzke
Medicine	Dr. Rida El Buni
Pathology/Laboratory/ Diagnostic Imaging	Dr. Mustafa Shapan
Psychiatry	Dr. Vijay Ashtekar
Surgery	Dr. Nisar Soomro
Women and Children	Dr. Naseem Malleck

Regional Medical Association (RMA) Executive as of March 31, 2008

President	Dr. Dawood Moola
Past President	Dr. Rizqi Ibrahim
Vice-President	Dr. Hein de Klerk
Secretary-Treasurer	Dr. Jacobus de Jager

April 2007 Physician Appreciation Event

OUR REGION

The Cypress Health Region provides health services to 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The Region runs from the South Saskatchewan River, south until the United States Border, and from the Alberta border east until the Morse/Mankota area. Within the region's boundaries are approximately 45,000 individuals who live in rural and urban settings. Our region has a diverse population, which includes twenty-nine Hutterite communities (*approximately 50% of all Saskatchewan Hutterite communities are located in our region*) and one First Nations community.

A major challenge that the organization faces is the vast distances between communities, leaving certain communities vulnerable in terms of access to services and social isolation. This area of Saskatchewan also obtains large geographical points of interest, for example the Great Sand Hills, Cypress Hills Inter-Provincial Park, and the National Grasslands Park. These locations lead a high tourist population throughout the summer season.

The Cypress Health Region is believed to be the largest single employer within the geographical region. With approximately 1,700 staff members, the organization provides a wide variety of community–based and facility-based programs and services. The twenty facilities in the region perform an assortment of program services such as acute care, long-term care, and program services (i.e. observation, respite, palliative, and convalescent). As well, the region provides a broad range of additional programs such as community services, home care planning, and emergency medical services.

Population

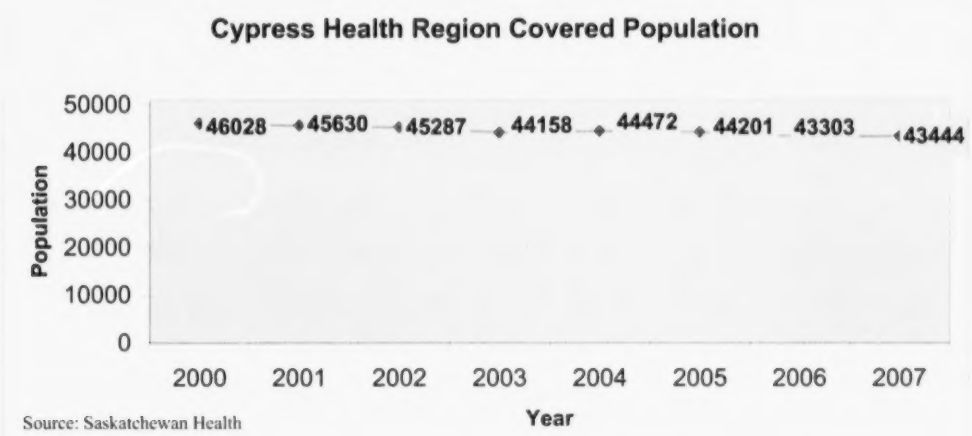
Urban-Rural Spread

Within the Cypress Health Region, the major urban setting is the city of Swift Current. Swift Current has a population of approximately 16,000 people. It is located off the Trans-Canada #1 Highway in-between Regina and Medicine Hat. Other large centres in the Cypress Health Region are Maple Creek, Shaunavon, Leader, and Gull Lake. In 2001, it was seen that 45.1% of the population within our region resided in urban centres.

In 2001, rural population made up 54.9% of the entire regional population. This means that some residents have to travel a considerable distance to the nearest healthcare facility. This causes continuous discussion about issues facing rural healthcare such as access and availability.

Region Population

The Cypress Health Region covered population between 2000-2007 is charted below. There has been only a slight fluctuation in the residents during these seven years. This graph is derived from *Covered Population* statistics from the Saskatchewan Health Website.

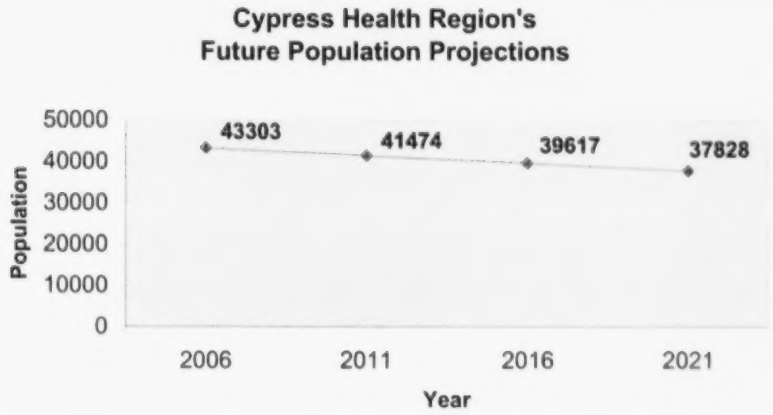


According to the 2006 Statistics Canada Census the populations of the communities in which the Cypress Health Region operates a regional hospital (RH), a community hospital (CH), or health centre (HC) are seen below:

City/Town	2001 Census	2006 Census	2001 to 2006 population change (%)
Swift Current (RH)	14,821	14,946	0.8
Maple Creek (CH)	2,270	2,198	-3.2
Shaunavon (CH)	1,775	1,691	-4.7
Gull Lake (HC)	1,016	965	-5.0
Leader (CH)	914	881	-3.6
Herbert (CH)	812	742	-8.6
Cabri (HC)	483	439	-9.1
Eastend (HC)	576	471	-18.2
Hodgeville (HC*)	175	142	-18.9
Vanguard (HC*)	187	152	-18.7
Ponteix	550	531	-3.5
Climax	206	182	-11.7
Mankota	248	238	-4.0

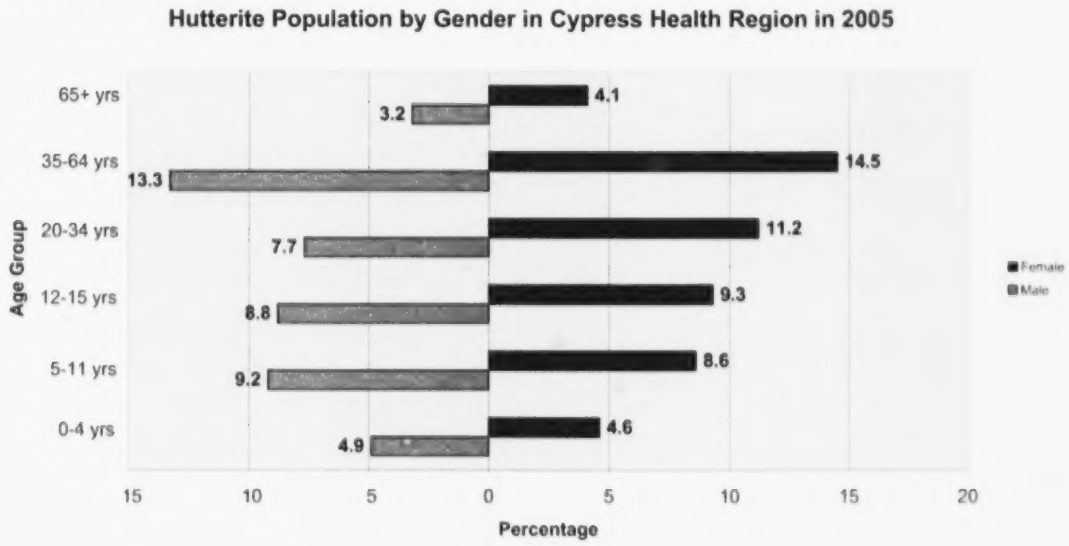
* Hodgeville and Vanguard are part-time facilities

To understand the strategic decisions made by the Cypress Health Region it is important to look at the future population projections for the region. As seen below, the population in this area is anticipated to continuously decrease.



Hutterite Population

The Cypress Health Region is home to more then half the Hutterite colonies in Saskatchewan. The Hutterite population composes approximately 4.6% of the population in this region. This is an important statistic due to the fact that the Hutterite lifestyle can create a greater chance at certain health problems such as cardiac difficulties and diabetes. The chart below shows the age distribution of the Hutterite population in 2005.

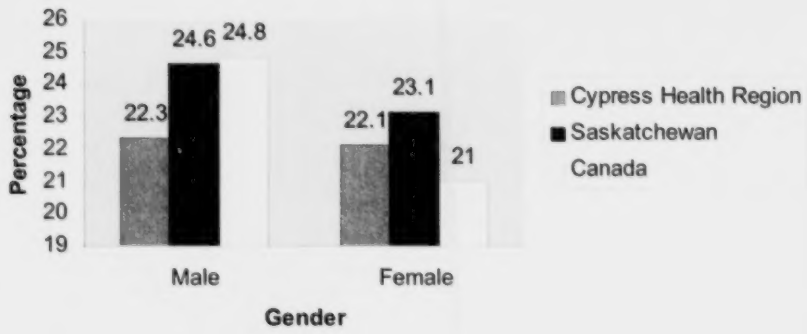


In 2005, the majority of the Hutterite population within the Cypress Health Region was between 35 and 64 years of age. A smaller percentage of the population was 65 years and older in 2005.

Smoking Rate

Among the male population only 22.3% can be classified as smokers. For the female population, 22.1% have been identified as smokers. In both instances, the percentage is below the average within Saskatchewan, when it comes to percentage of the population (age 12 and older) who are current (daily or occasional) smokers.

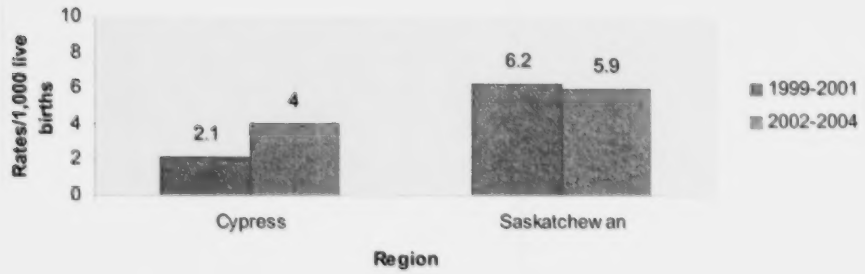
Percentage of the Population (age 12 and older) who are Current (daily or occasional) Smokers.



Infant mortality rates per 1,000 live births

Infant mortality rate is calculated as the number of infant deaths over three consecutive years divided by total live births over the same three consecutive years, multiplied by 1,000. Three years are used to reduce the effect of possible annual variation at the region level due to small numbers.

Infant Mortality Rate per 1,000 live births 1999-2004



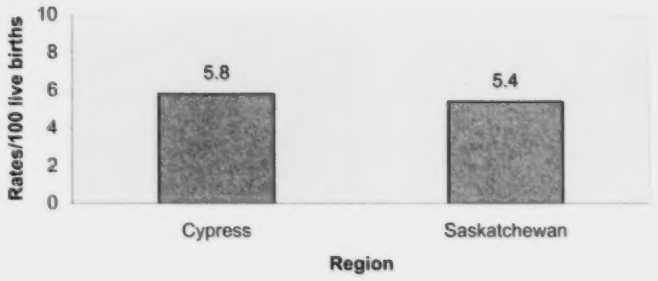
It can be seen that the Cypress Health Region has below average infant mortality rates compared to the Saskatchewan average. The Cypress Health Region infant mortality rate has increased from 1999-2001 to 2002-2004.

The Cypress Health Region's rate of infant mortality per 1,000 live births is 4.0 for the period between 2002 and 2004. This is drastically lower than the Saskatchewan provincial average rate of 5.9.

Low Birth Weight rate per 100 live births

The Low Birth Weight rate per 100 live births for 2002 – 2004 for the Cypress Health Region is 5.8 compared to 5.4, which was the average of all Saskatchewan Health Regions

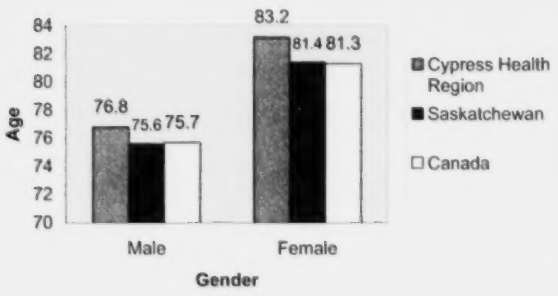
Low Birth Weight Rate per 100 live births, 2002 - 2004



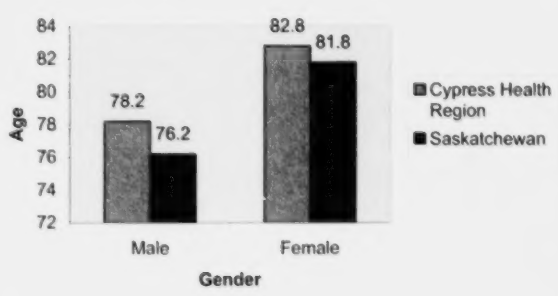
Life Expectancy

The life expectancy at birth within the Cypress Health Region is relatively higher than the averages of both Saskatchewan and Canada. Between 1997 and 2001, there was an increase seen in the average life expectancy of people in both the Cypress Health Region and Saskatchewan. Data for 2001 was not compiled for the national average. Overall, the health region compares favourably in this important health status indicator.

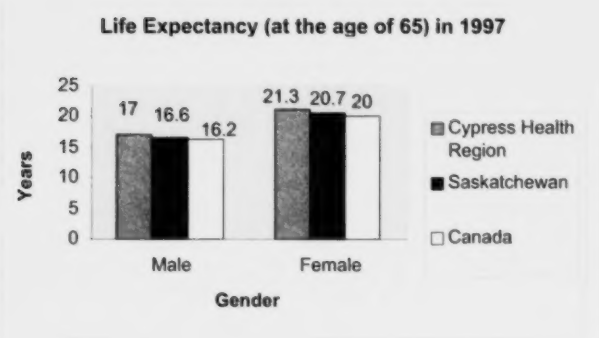
Life Expectancy (at birth) in 1997

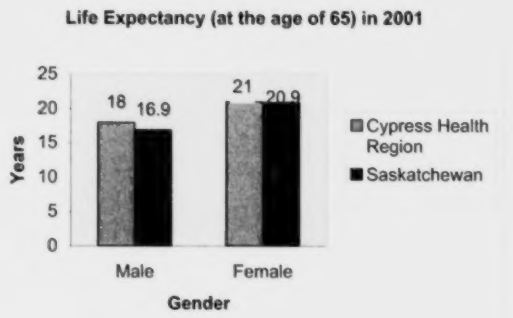


Life Expectancy (at birth) in 2001



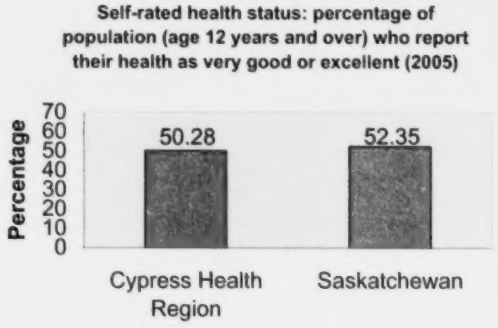
A similar pattern is also evident when looking at the statistics in regards to the average life expectancy at the age of 65. Comparable results between the years 1997 and 2001 are witnessed.





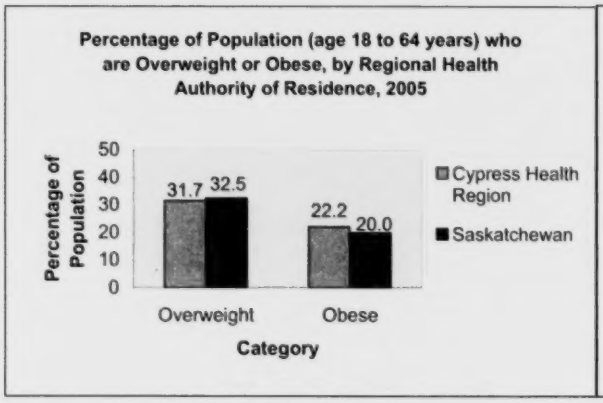
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent

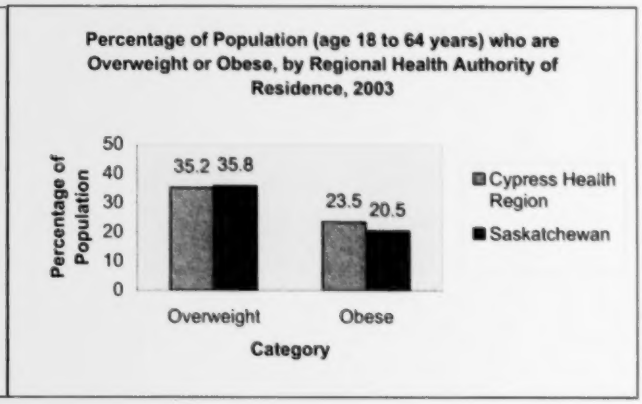
It is always important to understand how the population within the region views their own health. In 2005, the Cypress Health Region had 50.28% of residents that believed that their health status was "very good" or "excellent". This was lower than the provincial.



Percentage of Population (age 18 to 64 years) who are Overweight or Obese

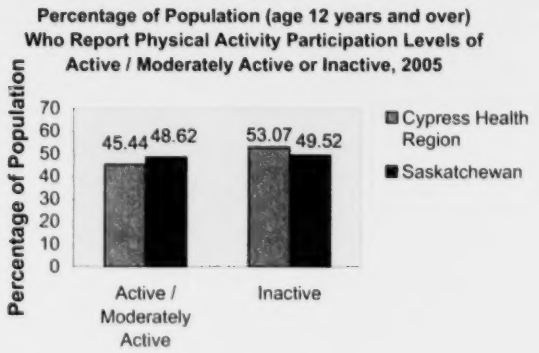
The weight of the populace is an important indicator on possible health issues within a region. Presently, the population in the Cypress Health Region has a higher percentage of obese people than the Saskatchewan average but has a lower number of overweight people compared to the Saskatchewan average. This is a great improvement from 2003, where the percentage of overweight and obese people was higher within the region

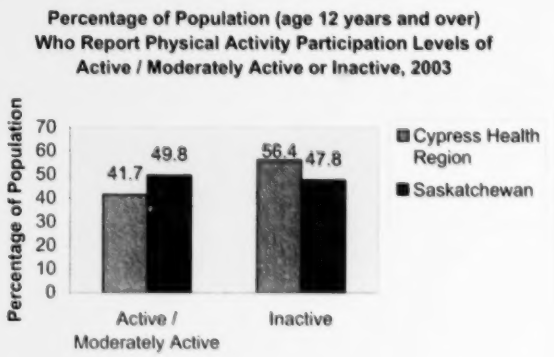




Percentage of Population (age 12 years and over) Who Report Physical Activity Participation Levels of Active / Moderately Active or Inactive

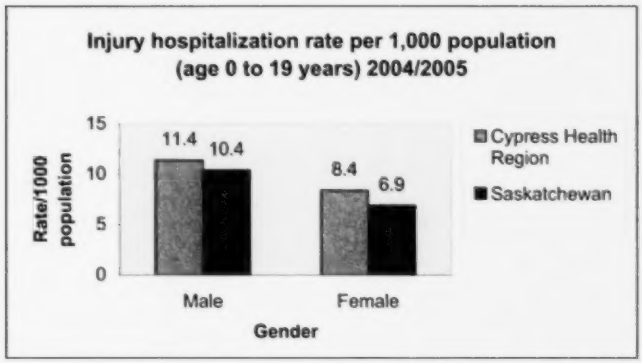
The Cypress Health Region rates lower than the province of Saskatchewan when it comes to people who are active or moderately active. More than half the population states that they consider themselves inactive. It can be seen though, that from 2003 the percentage of active/moderately active people has increased from 41.7 to 45.44, which is an increase of 3.74%. Over this same time, the Saskatchewan average only increased 1.18%.

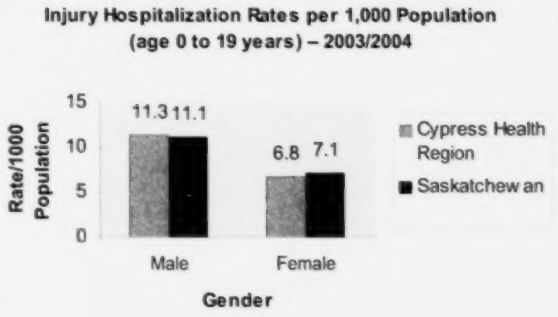




Injury Hospitalization Rates per 1,000 Population (age 0 to 19 years)

In 2004/2005, the Cypress Health Region had a greater average of injury hospitalization rates per 1,000 population than the province for females and males. Comparing this to the 2003/2004 statistics, it is seen that the average for females and males has increased over the year. On the other hand, the province saw a decrease in percentages for both genders.





Age-adjusted Diabetes prevalence rate per 1,000 population

The age-adjusted diabetes prevalence rate per 1,000 population for the Cypress Health Region is 54.6. This compares favourably to other health regions in the southern part of Saskatchewan. This figure is not expected to decrease in this region due to factors like high obesity rate and high rate of inactivity.

Emerging Health Issues

Emerging health threats can happen at any location within the health region, province, nationally or internationally. In conjunction with Saskatchewan Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

Infection Control Protocols

The presence of viruses (example - norovirus) and other illnesses in our facilities and throughout the region have had a major impact on the health region. In response to this ever-increasing issue, a greater effort regarding infection control practices/processes has been implemented. For example, a Public Health Inspector has been assigned to each health facility to ensure support is readily available for staff during outbreaks and to coordinate infection control protocols when required. Resource kits have been developed to assist managers and staff with outbreak management.

Influenza Pandemic Planning

Planning continues for the "not if, but when" approach to the presence of an influenza pandemic situation. The region's preparations and planning for such an outbreak are done in conjunction with our municipal, provincial and national counterparts. One of the key challenges in the future will be the anti-viral stockpiling issue and development of efficient processes involved.

Increased promotional efforts regarding the benefits of maintaining annual influenza immunizations will continue to create greater demand for the immunizations among the general public.

West Nile Virus

Although the past several years had been much slower West Nile seasons following the large outbreak in 2003, the 2007-year witnessed a major increase in the number of cases. Public health officials and physicians remain alerted to the potential dangers of the West Nile Virus. The West Nile strategy corresponds to the provincial plan and is continually monitored for effectiveness and the potential for risk.

Chronic Diseases

The ever-increasing incidence of diabetes and cardiac concerns has caught the attention of health authorities across the province. The Health Quality Council and *Safer Healthcare Now!* offers opportunities to address the concerns created by chronic disease management – examples include the Chronic Disease Management Collaborative, post-AMI care, diabetes multidisciplinary clinic, cardiac education program, etc.

The region's strategies have focused on educating staff with standardized information regarding chronic disease management. Public education has been implemented throughout rural communities. Standardization of material has also occurred in this program area to ensure evidence based best practice guidelines are being followed for chronic disease management.

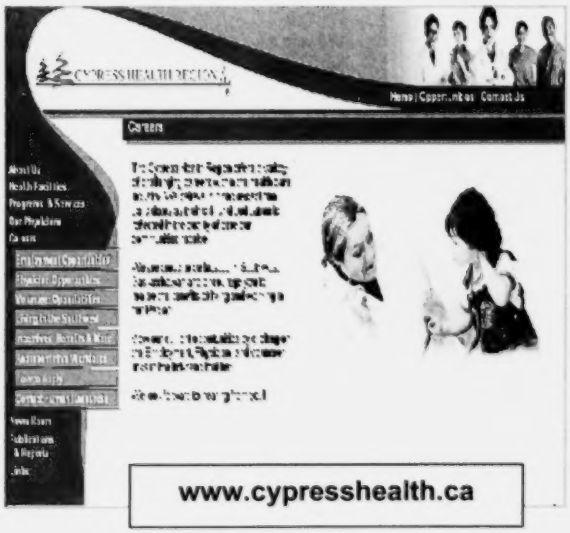
Sexually Transmitted Infections (STI)

Within the Cypress Health Region, a substantial increase in the number of laboratory-confirmed sexually transmitted infections/communicable diseases are being reported – in particular, genital Chlamydia. These cases require a significant amount of time to investigate. Strategy development on enhancing the adolescent sexual health program in the school system within existing resources will be a challenge. In addition, strategies to increase the public awareness of the availability of funded medications for treatment will be implemented.

External Environment Factors

The continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups, is a troubling trend in light of the ever-increasing shortage of health care professionals in the rural areas. This factor may lead to further challenges when attempting to recruit new or recent graduates to practice in rural (and remote) areas.

If the trending shortages for health care professionals continue in the rural areas, consideration of alternate care delivery processes may have to be brought to the forefront of discussion. Several of the region's facilities are facing barriers to maintaining a 24-hour service in lieu of decreasing registered nursing coverage.



The emphasis on patient and staff safety programming by provincial and federal governments may provide an opportunity to access specially targeted funding to address these issues. With the high incidence of health care worker injuries and incidents, the "safety" trend will need to continue to develop strategies for a safer workplace environment.

RESULTS AT A GLANCE 2007-2008

The Cypress Health Region is supportive of the strategic directions of Saskatchewan Health. In consideration of this support, the Regional Health Authority developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

PACS System at the Cypress Regional Hospital

This section of the Annual Report will provide a brief overview of significant events and achievements that were realized through the 2007-08 fiscal year. These highlights will include performance management initiatives, operational accomplishments and financial achievements that were recognized. The achievements will be divided among the four strategic goal statements that are shared between the objectives of Saskatchewan Health and the Cypress Health Region.

Goal #1 – Improved access to quality health services

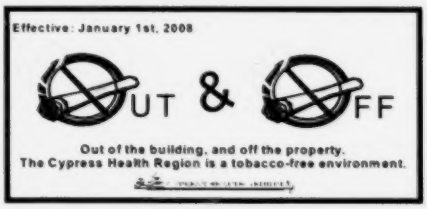
- Transfer of programs and services to new Cypress Regional Hospital (April 2007); Grand Opening Ceremony (September 2007)
- Implementation of Radiology Information System (RIS) and Picture Archiving and Communications System (PACS) in Cypress Regional Hospital > 1st region to fully implement systems.
- Emergency Response Team developed in Town of Herbert; discussions with Cypress Hills Inter-Provincial Park and Village of Vanguard
- Implementation of "program" beds in facilities to ensure long term care and acute beds are utilized more efficiently.
- Transfer of community health services and programs to the Maple Creek Hospital building from separate building.
- Wound care management program highly successful – best practice protocol implemented, a total of 28 wound care resource nurses representing each facility/agency; involvement in pilot project utilizing an infrared thermometer for diabetics with foot ulcers
- Minimal wait times to access long term care bed – average wait time for first available bed less than 14 days
- Primary Health Care achievements – announced two new primary health care sites in Maple Creek and Eastend; recruitment of two Nurse Practitioners; increased utilization of HealthLine service
    - Participation in Health Quality Council's Chronic Disease Management Collaborative > three Cypress physician clinics were recognized as being in the top three in the province for results attained.
- Achieved successes in surgical program – target numbers attained, cumulative numbers increased

PACS Announcement
at the
Cypress Regional Hospital
with the Minister of Health
Don McMorris

Goal #2 – Effective Health Promotion and Disease Prevention

- Distribution of Infection Control Ready Boxes – resource for facilities in the event of outbreak situation.
- Significant reduction in number of events and days while in 'respiratory outbreak' mode.
- Implementation of "Live Well with Chronic Conditions" program

- January 1, 2008 implementation of "Out and Off", the next phase of Cypress' tobacco cessation program; Quit Smoking informational packages developed and distributed in conjunction with medical community.


Effective: January 1st, 2008
UT & FF
Out of the building, and off the property.
The Cypress Health Region is a tobacco-free environment.

- Successful application to Health Canada regarding a tobacco cessation program
- Centralization of Sterile Processing Department activities to ensure consistency and take advantage of staff training/education (Canadian Sterile Processing Course), technology within new Cypress Regional Hospital.
- Immunization programming witnessing higher numbers.

Goal #3 – Retain, Recruit and Train Health Providers

- Hired 56 Hard to Recruit Positions – including 30 Registered Nurses, 11 Licensed Practical Nurses, 8 Management Staff, 1 Dietitian, 1 Pharmacist, 1 Psychologist, 2 Speech Language Pathologists, and 1 Physical Therapist
- Successful recruitment of 12 new physicians and specialists
- 40 new staff and physicians were recipients of Saskatchewan Health's Rural and Relocation Grants in the 2007-08 year.
- Formation of the Recruitment & Retention Working Group - a representative group of staff who provide strategies to recruit and retain health professionals to the Cypress Health Region
- Implemented the Employment Referral Program, a program that provides financial rewards to Cypress staff members referring health professionals to our Region
- Actively participating in student practicums via HSPnet – a student placement system that encourages students to complete their practicums and educational experiences with Cypress Health Region. In the 2007-08 year, the Cypress Health Region accepted 24 Registered Nursing practicum placements region-wide.
- Participation in a broad range of in person recruitment fairs including the cities of: Winnipeg, Saskatoon, Regina, Medicine Hat, Lethbridge, Calgary, Edmonton, and Vancouver.
- Hire of a Temporary Full Time Junior Ability Management Coordinator to assist in ensuring a pro-active approach to employee health and wellness.
- A comparison of average days time lost per injured employee shows Cypress as losing 18.62 days compared to the provincial average of 55.05 days lost.
- Received 3 Grants through Saskatchewan Health's Health Workforce Retention Program. Areas addressed include: Expanding the Ottawa Model of Care to Community Hospitals, Purchasing an Education Database to assist staff in tracking professional development, Breastfeeding initiatives and the provision of an in-house Advanced Cardiac Life Support Program.

- Expanded educational offerings including a Clinical Forum targeted at continuing education for nursing staff and offered via teleconference to ensure region-wide participation.
- 49% of current workforce have attended Aboriginal Awareness training
- Partnership with SIAST to train Combined Lab and X-ray Technicians (CLXT) and Medical Laboratory Assistant (MLA) in-house
- Enhanced training for Addictions and Mental Health staff – Applied Suicide Intervention Skills, Cognitive Behavioural Therapy

Clinical Forum Participants

Goal #4 – A Sustainable, Efficient, Accountable Quality Health System

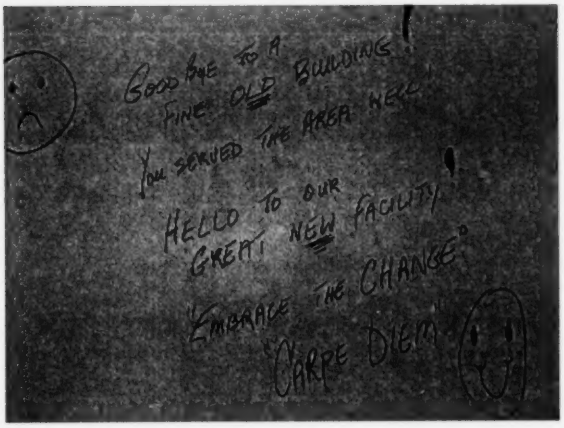
- Safety Champions program implemented at each facility/office
- Engagement in safety initiatives – Safer Health Care Now for Medication Reconciliation; safety sharps program; fit testing for staff, Transfers/Lifts/Repositioning training
- Fall Prevention Program - TUGS test completed for all home care clients to determine if client a high-risk for falls
    - Last quarter – 114 tests completed, with 54 referred to program
- Implementation of CALL ME system in home care to assist in tracking employees working in remote rural areas
- Procurement of over $4 million in new equipment during the construction and transfer to the new Cypress Regional Hospital
- Enhancement of community collaboration processes > Community Leadership Networks maintained in five geographic sectors of the region; meetings with these municipal leaders to discuss strategic planning, chronic disease management, issues management
- Failure Mode Effects Analysis (FMEA) – transfer of a 'live' long term care chart; sterile processing department processes
- LEAN implementation > training/education, payroll process improvements, dietitian/social work/home care departments, accreditation standards review, process mapping of medication reconciliation
- Visit by Accreditation Canada surveyors to review region's operations, attention to standards and guidelines > resulting in a 3 year accreditation status

Accreditation
Members of the Accreditation Survey team along with Cypress representatives

- Accreditation status achieved by regional laboratories
- Approval, implementation and stakeholder education regarding the *2007-2010 Strategic Plan*
- Long term care resident satisfaction survey completed – high level of satisfaction 93% with overall quality of care received.
- Maintained public transparency throughout review of critical incidents
- Created a multi-discipline early childhood development team to help assist with diagnosis and early treatment of developmental issues
- Efficiencies in programs and operations – centralized and automated scheduling systems (Environment for Scheduling Personnel), nutrition services in Swift Current
- Enhanced efforts to ensure the security, privacy and confidentiality of information – information systems implementation of additional software and firewalls to strengthen the region's information.

Financial Highlights

- An operating fund surplus of $636,008 for the 2007/08 fiscal year.
- An operating fund working capital deficit of $930,366 for the 2007/08 fiscal year.
- The old regional hospital in Swift Current was demolished and the former Southwest Health District Office located in Shaunavon was sold resulting in a combined $1,310,443 loss on disposal of capital assets as disclosed in the Capital Fund.



2007-08 PERFORMANCE RESULTS

In conjunction with the four strategic goals developed by Saskatchewan Health, an Accountability Document clearly establishes the responsibilities and expectations of Regional Health Authorities in coordinating health care services within their health regions. From the Accountability Document, a series of performance management indicators have been established to provide an evaluation tool to determine if expectations have been met.

This section of the Annual Report provides the opportunity to demonstrate accountability and communicate progress on the strategic goals as established by Saskatchewan Health. In addition, it provides information to guide the region's priority setting and decision-making in moving towards the achievement of strategic objectives. It assists the health region in determining if their strategies and activities are effective and efficient.

With the implementation of the region's *2007-2010 Strategic Plan* document, the performance results will also be used to review results/achievements in relation to those identified in the Plan.

Goal #1 – Improved Access to Quality Health Services

Enhancing the access to a wide range of health services is essential to ensure that individuals get the "right care in the right place at the right time."

Primary Health Care

The Cypress Health Region is committed to the principles of primary health care and the utilization of a Primary Health Care model of service delivery. It is working with the Ministry and the local communities to create new primary health care sites, and is continually working with its internal health teams and external allied health providers to create primary health care teams. Partnerships throughout the region between home care, mental health, health centre staff, regional Dietitians, and primary health (Diabetic Educator and Team Facilitator) have fostered a positive outcome in the area of standardized care and coordination of services.

The existing primary health care sites in Vanguard, Hodgeville, and Leader continue to enhance their skills and knowledge of the concepts and principles of team-based approaches to health care. With the recent announcement that the communities of Eastend and Maple Creek being approved as new sites, the health region has witnessed a substantial increase in the percentage of residents within proximity to a primary health care team >> 26.23% in comparison to 11.24% (from March 31, 2007). The addition of the two new sites has had a direct relationship with the number of discrete patients receiving primary health services, from a first quarter number of 1,742 to a March 31, 2008 count of 3,896.

Announcement of Primary Health Care Sites in Maple Creek & Eastend
MLA Wayne Elhard, CEO Jim Hornell, Acting Chairperson Ron Heeg

With the announcement of the new sites, an extensive public awareness campaign was launched to increase the knowledge of the public in regards to the principles of primary health care, specifics on the role that Nurse Practitioners can play, and to dispel any myths regarding

access to the primary health care team members (including a physician). The campaign included media releases, public information sessions, open houses, multi-week informational articles in local newspapers, among others.

The region's recruitment successes have not bypassed primary health care, with the development of partnerships with physicians in Maple Creek in a primary health care model of medical care. A Registered Nurse (Nurse Practitioner) was recruited for the community of Eastend, with several solid potential recruits identified for the community of Maple Creek.

Extensive consultative efforts with other communities within the region are taking place in relation to the benefits of primary health care and the sustainability of team-based health services.

One of the strategies emphasizing access to primary health care services was the creation of the provincial *HealthLine* telephone and *HealthLine Online* Internet resource. Although the region was very active in promoting the service through a variety of mediums, the number of calls to the service in the past was somewhat disappointing. However, the marketing has appeared to pay off, with a total of 4,457 calls being initiated from residents of Cypress (a significant 62% increase from the previous year's number of calls). Promotion of this valuable resource will continue in the future.

The primary health care model is continuing with its chronic disease management program in a number of communities throughout the region. In addition, the "Live Well with Chronic Conditions" is a new educational initiative offered in the region that provides practical suggestions and support, which builds confidence in coping with everyday challenges of a chronic condition.

Wait Time Reduction

The ability to consistently provide timely access to diagnostic and surgical services to the residents of southwestern Saskatchewan is an achievement the Cypress Health Region is proud of. The Region regularly exceeds the targets set by Saskatchewan Health and in fact demonstrates unused capacity, particularly in waiting times for surgical and diagnostic procedures, consistently achieving shorter wait times than many other regional hospitals.

- The targeted number of computerized tomography (CT) scans was slightly increased by Saskatchewan Health over the previous year. The region surpassed the targeted number of 3,880 and achieved a rate of 103.5% of the target (actual number of exams = 4,015). In addition, the number of patients seen who required CT services surpassed the target number by 27%. These efficiencies provide the residents of southwestern Saskatchewan with quality CT services that are accessible close to home.
- Total number of actual surgical cases significantly increased. The target number set by Saskatchewan Health was exceeded by 2% or 32 cases. This continues the upward trend in surgeries as yearly over-target success has been realized since 2005-06. Of note, the region has been limited to one active general surgeon for a good part of the year's timelines.
- The Region is one of the participants in the provincial Surgical Information System Project. Cypress' surgical program continues to be cognizant of the targeted time frames that have been determined:

- Level 1 completed within 3 weeks – a 3% increase in success rate when compared to previous year >>> 73.2% achieved.
- Level 2 completed within 6 weeks – 95.1% rate achieved (increase of nearly 13%)
- Level 3 completed within 3 months – 99.1% achieved.
- Level 4 completed within 12 months – 100% of clients have had their surgeries completed within this timeline.

With the move to the new Cypress Regional Hospital, the addition of surgical theatre time poses an opportunity for the region to expand its current services. Recruitment efforts have identified a second surgeon that is interested in practicing in Cypress, which will provide substantial benefits to the surgical program and to the rest of the province's surgical wait lists.

Cypress Health continues to offer full outpatient services for alcohol and addictions treatment. Completion rates (57.4%) are slightly below the provincial average although there is no one contributing factor that can be identified. Substance use continues to be a voluntary service with clients always retaining the right to refuse to attend treatment or discontinue service.

The average wait time for admission to outpatient addictions services is 7.4 days, but this is expected to decrease with the recent recruitment of a counselor who will fill a role in the rural areas. This position had been vacant for five months, which has a substantial effect on the wait time timeline.

Service Enhancements

The Cypress Health Region continues to improve its ability to respond to emergency situations throughout the enhancement of emergency service providers' abilities. In addition to the region-wide provision of long distance education opportunities for emergency medical service individuals to upgrade their skills and knowledge, a formal Emergency Response Team was established in the community of Herbert. With the support of the community of Herbert and Swift Current Ambulance, a total of 8 students (community volunteers) received standardized training modules delivered by Cypress staff and completed the program. Initial discussions have been held with the Cypress Hills Inter-Provincial Park and the Village of Vanguard regarding the potential creation of ERT programs in their communities.

With only 1.67% of all emergency medical service trips involving an EMS staff members with less than an Emergency Medical Technician (EMT) qualification, it is clear that clients are being treated by highly qualified personnel.

The community of Maple Creek and surrounding areas will benefit from the transfer of community health services programs and services under the same roof as the Maple Creek Hospital. With the transfer, the health team members will be better able to consult with each other regarding discharge planning and overall better quality care for clients.

Goal #2 – Effective Health Promotion and Disease Prevention

The region has completed a comprehensive Population Health Promotion Strategy, which includes the engagement of community members in developing strategies to address healthy living and improve public/environmental health.

Work is continuing by the region's 1.0 FTE Public Health Nutritionist to educate and support schools and school divisions regarding the implementation of healthy food and nutrition policies. This strategy is a key component of the region's health promotion plan. Efforts have been made to encourage the adoption of such policies. This strategy is a key component of the region's health promotion plan. However, with planned continued emphasis on increasing the public's awareness of the benefits, it is anticipated that the percentage will increase in the next fiscal year.

While the percentages of pre-school and school-aged children who are receiving their recommended immunizations are substantially higher than the provincial average, the influenza immunization rates continue to cause some concern for the region's public health department. Although the 2007 influenza immunization campaign was a successful one, the inability to truly indicate the number of individuals who have received an immunization is an area of required improvement. Due to the tremendous participation in influenza vaccinations that the pharmacies and physician clinics within the health region play, the percentage of our population immunized against influenza is much higher.

Quality improvement processes have resulted in positive trends for the immunization programs.

- Centralized booking system
- Reminder call system that contacts clients booked for immunizations to ensure they are available for their scheduled appointment, or else alternate arrangements are made.
- Additional clinic offerings throughout the region by public health nursing and primary health care nurse practitioner staff.

Flu Clinic

The region has been challenged over the past several years in attempting to increase the percentage of licensed and/or regulated facilities that are inspected each year. Over the past year, several public health inspectors have been working through their field training requirements and their CIPHI certification exams. In direct response to the large number of respiratory outbreaks experienced in the 2006-07 fiscal year, it was determined that an infection control component was necessary for the public health inspection team to access.

- SUCCESS – a positive experience has been witnessed over the 2007-08 fiscal year in regards to outbreak management. The region has experienced a drastic decrease in the amount of respiratory outbreaks within its facilities, due to
    - the extended training levels of the public health inspection team,
    - the protocols that have been developed to respond to an outbreak, and
    - the availability of the new Cypress Regional Hospital's environmental handling system.

The Cypress Health Region has identified the use of tobacco products as a major priority that requires a coordinated effort to address. With this in mind, the region was successful in obtaining financial assistance from Health Canada to hire a Tobacco Cessation Coordinator to design and implement a program that will aid individuals that have identified a desire to stop using tobacco.

- A tobacco cessation kit has been developed and widely distributed that contains information and support mechanisms to assist those people who are looking to quit using tobacco. This project has been accomplished in conjunction with the physician community, pharmacies within the region, and advocacy groups such as the Canadian Cancer Society, Lung Association and the Heart/Stroke Foundation.
- In its role of public policy advocate, the health region implemented the next phase of its tobacco cessation strategy on January 1, 2008, with the introduction of its "Out and Off" campaign. This initiative has encouraged individuals to refrain from using tobacco products on health region property (indoor and outdoor) with the exceptions of long term care residents and mental health clients.

Numerous other strategies have been implemented to address population health promotion activities:

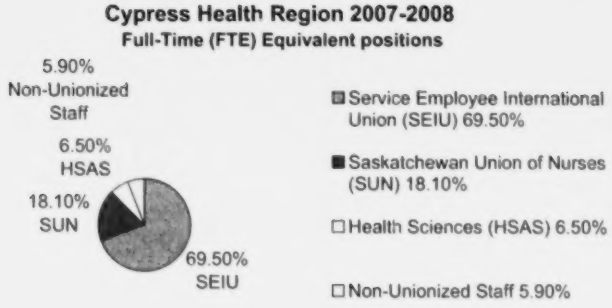
- In conjunction with primary health care programming, Active Communities strategies have been employed to enhance the attention to increasing activity levels, with the objective of reducing obesity levels.
- Food security programs – implementation of community kitchens and Good Food Box
- Healthy food/nutritional choices – grocery store tours, Human Understanding through Group Support (HUGS) informational sessions, implementation of 'Bon Appetit" which is a program aimed at enhancing the dining experiences for long term care residents.
- Falls Prevention Program – coordinated by therapies staff, the region is targeting the seniors population to prevent the number and incidence of preventable falls which can result in injury. This initiative is part of a provincial one that includes other regional health authorities and other provincial organizations.
- Breastfeeding Friendly Initiatives – including the identification of breastfeeding-friendly locations within region-owned facilities and offices.

Goal #3 – Retain, Recruit and Train Health Providers

The Cypress Health Region continues to face staffing challenges resulting from the National shortage of health human resources. Significant progress has been made in attracting and retaining skilled health care professionals during the 2007-08 year.

Improve Utilization and Availability of Health Human Resources

The Cypress Health Region employed approximately 1,667 staff members in 1144 full time equivalent (FTE) positions in 2007-08. Service Employee International Union (SEIU) staff comprised 69.5% of the total FTEs, with Saskatchewan Union of Nurses (SUN) comprising 18.1%, Health Sciences Association of Saskatchewan (HSAS) with 6.5%, and Non-Unionized staff assuming 5.9% of the FTEs.



The Region continued to note positive outcomes in having a permanent full time Medical Affairs Coordinator in place to address challenges regarding the recruitment and retention of physicians and specialists. Since April 1, 2007, twelve new permanent full-time physicians have joined the Medical Staff of the Cypress Health Region. In that same time period, only 3 physicians left the region. Due to the increased medical staff, the region has been able to offer physician services in every community in which we currently have a health care facility. Recruitment is ongoing for an additional Surgeon at the Cypress Regional Hospital, as well as other General Practitioners in communities whose current physician has indicated plans to retire or relocate. The Region continues to partner with its communities to ensure attractive recruitment incentives are in place to attract new physicians and specialists to the southwest.

The Cypress Health Region also experienced great success in the recruitment of 'Hard to Recruit Professionals'. The Region experienced a fantastic response from the Saskatchewan Health Rural and Relocation Grants, and was able to use these programs to recruit many hard to recruit professionals. Highlights of the Region's 2007-08 recruitment efforts included: An extensive western-Canadian advertising campaign, attendance at of out of province recruitment fairs, targeted mail outs, strengthening relationships with training institutions, flexible recruitment incentives, and securing positive media coverage. As a result of these efforts, the Region hired thirty new Registered Nurses (RNs)/Registered Psychiatric Nurses (RPNs). In total, the Region hired 56 Hard to recruit professionals during the 2007-08 year. Filling these longstanding vacancies boasts many benefits to the general public including timely service offerings, and also provides current staff with opportunities for vacation relief. It is hoped that this success will also have a positive impact on wage driven premium hours.

"Our family decided to move to the Cypress Health Region for several reasons: presence of family in the area, a low cost of living, a safe environment for young families, strong communities, and proximity to urban centres. Working for Cypress Health Region has also opened many doors for ongoing professional development."

Darusia Antoniuk, *RN*

The Cypress Health Region has identified rural health services as a strategic priority within its *2007-2010 Strategic Plan*. As a largely rural region, Cypress continues to be challenged by the human resource issues that accompany rural depopulation. Recruitment of physicians to solo practices, maintaining 24/7 coverage by registered nurses/physicians in health centres, and the increasing number of physicians and nurses working beyond retirement age are risks that have been identified in maintaining the current status quo of health service delivery.

Representative Workplaces

The health region continues to work towards the development of a representative workforce. All new hires are encouraged to complete a voluntary self identification survey and are provided the opportunity to self declare as a member of an Aboriginal Group, Minority Group, Persons with disabilities, or male/female working in a non-traditional occupational group.

The Region continues to work with the Saskatchewan Association of Health Organizations to offer Aboriginal Awareness training to all staff members. In 2007-08, six sessions were offered and an additional forty-seven staff were trained. In total, 49% of Cypress' workforce has attended Aboriginal Awareness Training.

Healthier, More Effective Workplaces

The Occupational Health and Safety Department focused its efforts on creating a safety culture within the Cypress Health Region. Several resources were secured to build upon our safety culture in the 2007-08 year. The Region introduced an Occupational Health & Safety manual that will provide access to essential information regarding the Saskatchewan *Occupational Health and Safety Act* and *Regulations*. Another safety related resource that was launched was a material safety data sheet system called "MSDS Online". This program was installed on all health region computers and allows quick and easy access to essential product information, and also provides an online calendar of upcoming safety education events and access to valuable safety related websites.

A third resource introduced to ensure staff safety was the Needle Stick Kit. The goal of this kit is to ensure injuries are reported in a timely fashion, and to ensure quick access to care for the injured staff member. The kit includes policies, consents, forms, and lab requisitions in one central location. The Region also underwent an aggressive FIT testing campaign in the 2007-08 year. This program was launched in November of 2007, with the majority of staff having been fit tested to date.

The Region was fortunate to receive additional funding in the amount of $733,000 towards the purchase of safety equipment and safety training. A lift to bed ratio of 1:6 for long-term care and 1:5 for acute care was introduced, and additional mechanical lifts were purchased to ensure this ratio was maintained. By setting this initiative throughout the region this will maintain a standard of care and safety for both staff and patients throughout the Cypress Health Region. The Region also continued its focus on safety education by offering transfer, lift and reposition program training, safety for supervisors training, and occupational health & safety committee training programs.

The Region's Ability Management Program was enhanced with the addition of a Junior Ability Management Coordinator. The junior coordinator assists in the timely processing of claims allowing the Senior Ability Management coordinator to move toward a proactive approach to employee health and wellness. New programming introduced in the 2007-08 year included the provision of ergonomic assessments, in-house functional capacity evaluations, and voluntary health assessment screening programs available to all staff members. The ability management department also established an employee wellness committee that aims to bring together the philosophies of primary health care with employee health and wellness needs.

During 2007-08, the number of lost-time WCB claims per 100 full time equivalents 6.91 and number of lost-time WCB days per 100 full time equivalents 233.32 decreased slightly over the 2006-07 fiscal year, but remain significantly lower than the provincial average.

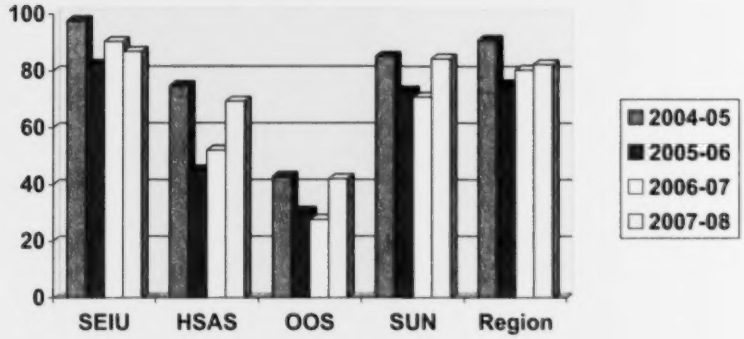
*Cypress accounted for a mere **2.3%** of the total number of 'total compensation days' suffered by Saskatchewan Regional Health Authorities*

Sick leave utilization and the costs associated with absenteeism are areas that the region continues to work toward improving. The Labour Relations and Ability Management departments continued their work in increasing the awareness and effectiveness of the Region's Attendance Support Program. Extensive research was undertaken during the 2007-08 year regarding provincial best practices in sick time management. Research indicated that a more timely reporting process coupled with ongoing manager and employee education is necessary in ensuring the success of this program. It was also determined that requiring managers to provide quarterly sick utilization reports would bring the issue of attendance support to the forefront of daily operations. These recommendations were implemented and are expected to provide positive results during the 2008-09 year.

As is indicated below, the Cypress Health Region experienced an increase in sick time utilization during the 2007-08 year. A portion of this increase can be attributed to the new outbreak and infection control staffing guidelines, which require staff to utilize sick time in the event of an outbreak.

Sick Leave Hours By Affiliation

Sick Hrs/ FTE

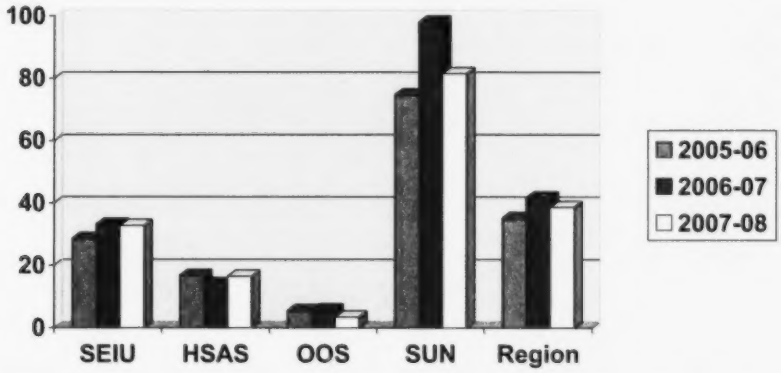


	SEIU	HSAS	OOS	SUN	Region
2004-05	97.64	74.77	42.76	85.01	90.84
2005-06	82.27	45.01	30.44	72.91	75.12
2006-07	90.33	52.07	27.68	70.82	80.39
2007-08	86.90	69.35	41.95	84.41	82.41

The utilization of wage-driven premium hours (i.e. overtime) has experienced a slight increase in 2007-08. The high use of premium hours can be attributed to vacancies, sick leave, and other types of absences. In studying overtime usage throughout the Cypress Health Region it is evident that a large portion of overtime costs can be directly attributed to sick leave utilization. The issue of overtime usage continues to be studied in our Labour Relations department and is indirectly addressed via the Attendance Support Program. Other programming implemented in the 2007-08 year to decrease overtime costs were the addition of 10 permanent full time float registered nurse positions at the Cypress Regional Hospital. The float nurses provide additional coverage to the Regional Hospital by filling vacant shifts at a regular time rate of pay. A second change implemented to decrease overtime usage in the support services areas was to limit employees to being on a maximum of three call-in lists.

Wage Driven Premium Hours (Overtime) By Affiliation

Sick Hrs/ FTE



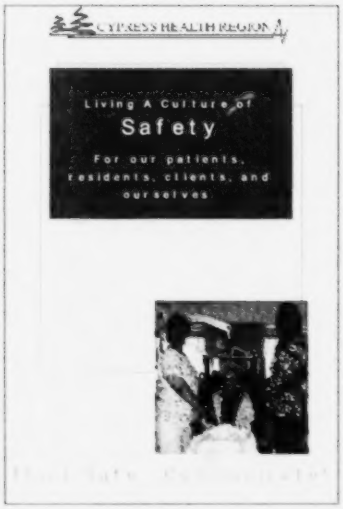
	SEIU	HSAS	OOS	SUN	Region
2005-06	28.57	16.74	5.48	74.73	35.03
2006-07	33.12	14.03	5.67	97.96	41.62
2007-08	32.76	16.50	3.51	81.50	38.66

One of the primary challenges in the health care environment is to maintain the sustainability of services in the face of ever-increasing expenditures. The Cypress Health Region is always reviewing its operating and capital budgets to determine any efficiencies that can be found.

Quality and Safety

At the same time, the region is proud of its commitment to safe and quality-laden health care services and the spirit of continually improving the programs it offers. The region participated in a series of quality initiatives throughout the fiscal year, including:

- Participation in a Canadian Council on Health Services Accreditation survey in the fall of 2007 – the region was pleased to receive a 'three year accreditation, with report' status as a result of the visit. The eleven Quality Teams that have been established will continue to develop and monitor strategies targeting continual quality improvement.
- Application of LEAN/SixSigma techniques to the services and programs provided. A number of projects have been involved in the application of these techniques, including mapping of dietitian services, reducing turnaround time in completing accreditation standards, reducing errors in payroll processing, social work/home care utilization processes, standardization of medications and reducing waste, etc.
- Development of a "Living a Culture of Safety" program > education/awareness programs have been delivered to nearly 30% of staff, informational brochure developed and distributed to patients and staff.
- "Think Safe … Communicate" was developed as a theme for increasing awareness regarding the importance of patient safety. This social marketing campaign involved a variety of mediums aimed at information provision to patients, clients and their families regarding their ability to be involved in patient safety.



- Ongoing involvement with the Health Quality Council's initiatives – chronic disease management collaborative, long term care medications study, acute care patient experience survey
- Continued implementation of the Nursing Model of Care, in conjunction with the University of Saskatchewan and the Ottawa Hospital
- Enhancements to the Quality Improvement Tool Kits – failure mode evaluation analysis (FMEA), root cause analysis training (RCA), LEAN transactional processes.
- Continued growth in the Quality Support Coordinator activity – due to the ongoing process improvements made and experience gained by the incumbent, a significant improvement was attained in relation to the percentage of concerns raised that were concluded within 30 days. The percentage of achievement increased by 17% over the previous fiscal year.

Governance and Accountability

The Regional Health Authority works with Saskatchewan Health, the Minister of Health, other regional health authorities, and the Saskatchewan Association of Health Organizations to effectively plan and coordinate communication approaches to build public support and awareness for delivery of health care services.

Positive working relationships have been created with the regional and provincial media to provide the means for a joint exchange of information that is beneficial for both parties. A series of news releases and media interviews with a variety of media mediums (newspaper, radio, television) have been coordinated to assist in the distribution of information to staff, physicians and the public. The distribution of informational householder mail outs has been utilized to increase the public's awareness of issues pertaining to health services and programs. The availability and continual updating of a region website (www.cypresshealth.ca) is instrumental to enhancing public awareness of news and programs. The development of a quarterly publication directed to the public's mailboxes also provides regular updates of region activities and achievements.

The region attempts to partner with municipal, organizational and other local stakeholders in highlighting achievements and successes, which in turn have the objective of increasing the public's confidence in the health care system.

A major component in the development of a three-year strategic plan was the discussions/consultations held with representatives from the eighty municipal councils from across the region. These discussions have served as the impetus for creating our Community Leadership Network, which includes regular opportunities for the health authority to consult with the community leaders regarding health services in their area and the region as a whole.

The Cypress Health Region experienced two distinctive incidents in which its emphasis on public transparency and accountability were brought into attention. The improper operation of an autoclave at a community hospital and a critical incident involving a long term care resident and a bathtub allowed the region to work with the stakeholders involved to investigate the issues involved and make corrective recommendations to ensure that similar incidents would not happen again in the future.

Contingency Planning

The health region is aware that comprehensive planning is necessary in order to be prepared for any emergency or situation that can present a situation where the 'status quo' is not in order. To this extent, the region is continually monitoring its readiness to operate in situations where an emergency is identified (example, pandemic, respiratory outbreak, tornado, etc.) or when the available resources are less than what is necessary to maintain normal operations (example, job action by union members, temporary unavailability of staffing resources).

The region has emphasized that planning must occur to increase its readiness to operate in situations. For example:

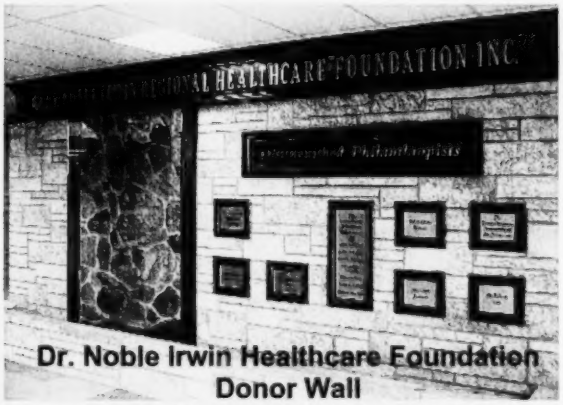
- Emergency Preparedness Manual has been developed that provides a series of planning documents, checklists, and other required information in the event of fires, natural disasters, pandemics, bomb threats, etc. The manual has been prepared in conjunction with community stakeholders.

- Ongoing relationship with the Emergency Measures Coordinators throughout the region – regular planning sessions are held with fire departments, social services departments, etc. to ensure a multi-organizational approach is utilized if emergencies present themselves.
    - The Cypress Health Region received a Green Ribbon Award – Honourable Mention at the 2007 SAHO Annual Conference for its role played in a Mock Disaster Planning Event held in the community of Swift Current.
- Preparation of a Strike Contingency Plan that provides guidance in the event of a job action by one or more of its unionized staff organizations.
- Development of a 'Diversion Protocol' that is utilized by facilities and services when there is a temporary disruption of services required due to an unavailability of health providers (ie. registered nurses or physicians). This protocol is developed in conjunction with the Ministry of Health's guidelines and processes.

Capital Construction Projects

The year 2007-08 fiscal year started with the achievement of transferring programs and services to the new Cypress Regional Hospital in Swift Current. The completion of this extended project resulted in an extensive planning exercise and coordination of the move to the new facility. A Grand Opening Ceremony event was held in September 2007 to acknowledge the great partnerships that existed throughout the process.

Regional Hospital Grand Opening September 2007



Dr. Noble Irwin Healthcare Foundation Donor Wall
Located in Cypress Regional Hospital

Capital infrastructure projects such as these have become a reality through the development and enhancement of relationships with Saskatchewan Health, the Dr. Noble Irwin Regional Healthcare Foundation, municipal governments, community service groups and entire communities. Their commitment and assistance regarding the financing of capital construction and capital infrastructure projects are essential to their success.

1st babies born in the new facility

FINANCIAL SUMMARY

The Cypress Health Region ended the fiscal year with an operating surplus of $636,008 or 0.7% of actual operating expenditures. It has been determined that the 2007/08 surplus will be allocated to the capital fund to deal with capital infrastructure issues.

The actual operating expenses for 2007/08 was $96.2 million, which equates to spending $262,841 per day to deliver healthcare services within the Cypress Health Region. The $96.2 million in operating expenses for 2007/08 represents a $5.041 million increase over 2006/07 actual operating expenses.

As of March 2008, the operating fund had a working capital deficit of $930,366. Currently, the Region is operating with a negative (3.54) days of working capital in the Operating Fund. According to this indicator, the Cypress Health region is not in a strong financial position.

Actual operating revenues totalled $96.8 million, of which provincial funding accounted for $86.6 million or 89% of the region's total funding.

About 39% of operating expenditure was spent on acute care, 34% on long term and supportive care, and 22% on community based services. Approximately 81% of actual operating expenditures relate to salaries and benefits. The performance target of less than 5% spent on program support expenditures was achieved for the fiscal year amounting to 4.56% of the total operating expenditures for the health region.

FUTURE REQUIRED INVESTMENTS

The financial challenges in delivering healthcare are many and varied. Some of the more prominent issues are as follows:

- Implementing consistent workload standards to ensure safe, effective and quality healthcare services.
- Ensuring currently provided services are effective and sustainable.
- Implementing best practices to address quality of service issues.
- Increasing and changing demands for service by residents of the Cypress Health Region.
- Implementing legislative requirements as it relates to privacy, occupational health and safety and patients.
- Inflationary cost pressures as it relates to food, drugs, general and medical supplies.
- Investing in necessary infrastructure projects and capital equipment replacement.
- Improving its financial position by investing in its working capital.

To address these issues, Cypress Health Region needs to generate moderate surpluses on a consistent basis. In addition, the continued development of successful partnerships is key in meeting and enhancing healthcare within the region.

The region is committed to work together with Saskatchewan Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

FUTURE OUTLOOK/EMERGING ISSUES

With the development of the Strategic Plan 2007-2010, the Cypress Regional Health Authority has established a formalized course for the region's work over the next three years. It identifies important challenges and opportunities that the region anticipates arising in the coming years. It will serve as the foundation for annual operational plans to be developed, in accordance with Saskatchewan Health's *Accountability Document*.

NOTE: The Strategic Plan 2007-2010 is available by visiting the Cypress Health Region website at www.cypresshealth.ca

Community hospitals and emergency medical services (EMS) play a critical role in the delivery of health services in a rural area such as our health region, as well as posing significant challenges. The ability to recruit and retain nurses, physicians, and other hard-to-recruit health professionals to rural communities will determine the sustainability of these facilities. The need to direct and maximize resources in the communities of Herbert, Shaunavon, Maple Creek and Leader will form the platform for discussions with our community partners and Saskatchewan Health into the future.

The Cypress Health Region can look forward to improved performance on surgical indicators based on our ability to effectively recruit and retain surgeons, specialists and anaesthetists. Combined with this ability to retain specialists, the outlook is promising due to the investments made into surgical equipment over the past two years, the dedicated Day Surgery Unit, transferring into the new Cypress Regional Hospital with improved space and working environment, and our involvement with the Provincial Surgical Information system project.

The expansion of Primary Health Care teams and community sites is projected to increase over the next several years. Along with the tremendous interest that has been expressed by several communities in welcoming the primary health care initiatives to their communities, our health region is faced with several single-physician practices in smaller rural communities that will be difficult to recruit a permanent replacement into the community. However, the realization of expanded primary health care sites requires a combination of several key factors including physician participation, active community involvement, and a team approach to healthcare.

However, with the increased prevalence of risk factors that contribute to chronic diseases, the increased need to prevent and treat diseases such as diabetes and cardiac concerns will be an issue to deal with. The focused efforts on increasing the public's awareness of the risk factors for chronic disease are considered "upstream" efforts that sometimes take many years to prove their effectiveness. It can be assumed that quality organizations such as Health Quality Council, Safer Healthcare Now and Accreditation Canada will continue to emphasize quality and prevention into the future.

Positive strides towards population health programming successes are anticipated. The further development and implementation of the Population Health Promotion strategies will guide the efforts of region staff and their community partners.

The introduction of the Saskatchewan Health Relocation Program and Rural Hard to Recruit programs have been instrumental in assisting the Region in recruiting health professionals to our Region. Retirements among experienced healthcare professionals are expected to result in increased vacancies in many rural communities. The Region will continue to focus on anticipated needs and recruit aggressively to fill its current and future vacancies.

The Regional Health Authority has identified other capital construction and capital infrastructure projects as priorities for the upcoming provincial capital budgets. The securing of local funding for the 35% share of the bricks and mortar and 100% of the equipment for the replacement/renovation of facilities will create a barrier that will require major attention and dialogue with municipal and community partners.

The management of financial pressures associated with implementing research-based best practices and dealing with increased workloads in various services throughout the region is anticipated to increase in magnitude.

It is imperative that the health region builds a "culture of safety" in our organization. We are moving in this direction but change takes time to become the "norm" versus the "exception". A non-punitive environment is not created overnight and it is only the steadfastness of our commitment to this on all levels of the organization that will help us reach our new culture and then move us forward in our patient and staff safety targets. Our reason for this is that it is not acceptable for anyone to come into our facilities or work in our facilities and be harmed by our processes. These processes must be changed and our reporting structure helps to move us toward this.

The increased emphasis on creating a culture of safety will assist the Region in demonstrating its commitment to employee well being. The expanded scope of the Ability Management program via ergonomic assessments, education sessions, and modified work duties will again have a positive impact in decreasing our lost time claims.

The Cypress Regional Health Authority and its employees will continue to provide a continuum of high quality health care services to the residents of southwestern Saskatchewan. We will provide these services within the parameters of the challenges and/or limits that surround us – whether they are financial or human resource related.

Along with the challenges, health care is also full of opportunities, which we want to take full advantage of. We are working hard to create a quality-working environment for our health care providers and, more importantly, we are seeking out new ways to share our expertise and knowledge with patients so they can make the most of their health and well being.

We will continue to dedicate the resources available to us towards the attainment of our vision:

Together – Your Health, Our Future.

GOVERNANCE AND TRANSPARENCY

The Regional Health Authority #3 was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date.

The geographic boundaries pertaining to Regional Health Authority #3 was named the *Cypress Health Region* and the governing body assumed the name of the *Cypress Regional Health Authority*.

As per *The Regional Health Services Act*, there are to be twelve members serving on the *Cypress Regional Health Authority* and are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds.

As of March 31, 2008, the Authority included the following eight members:

Ron Heeg (Acting Chair)	Swift Current
Bruce Deg (Acting Vice-Chair)	Swift Current
Lois Donnelly	Swift Current
Betty Goddard	Cabri
Jeannine Schmaltz	Prelate
Alma Thibault	Ponteix
Louise Walker	Swift Current
Brian Whiteside	Swift Current

** *Dennis Lafreniere – Chairperson (Swift Current) ended his relationship with the Authority in June 2007.*

** *Audrey Yee (Swift Current) ended her relationship with the Authority in September 2007.*

** *Tyler Bragg - Chairperson (Swift Current) was appointed to the Authority April 10, 2008.*

** *Elaine Anderson (Frontier) was appointed to the Authority April 10, 2008.*

CYPRESS REGIONAL HEALTH AUTHORITY (April 2008)

Back row, left to right: Ron Heeg (Vice-Chair), Brian Whiteside, Bruce Deg, Tyler Bragg (Chair), Alma Thibault, Betty Goddard,

Front row, left to right: Lois Donnelly, Elaine Anderson, Jeannine Schmaltz, Louise Walker

Roles and Responsibilities

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the RHA Boards work in conjunction to ensure coordinated province-wide planning for the health system.

The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Management Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, other Quality Teams, Ethics Committee, Community Leadership Networks, provincial Governance Committee and the Saskatchewan Association of Health Organizations (SAHO) Board of Directors.

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Community Leadership Networks (CLN)

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. These opportunities to consult with the "community" provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

Early in the fiscal year, the Authority approved the implementation of a three-year strategic plan. One phase of this development has involved the coordination of consultations with five Community Leadership Networks, which are comprised of representatives from the eighty municipal councils within the health region's boundaries. The most recent set of discussions with the Networks occurred during the fourth quarter. Discussions included an asset mapping exercise, where the participants identified strength and opportunities at a provincial, regional and community level. The 2007-2010 *Strategic Plan* was provided, along with presentations on primary health care team development and utilization statistics. These Community Leadership Networks will continue into the future and will serve as a major element of the community advisory process.

The Authority also utilizes an informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues. This approach will be continued into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and other community stakeholder groups, and former health-district related advisory and trust committees. Specific examples include home care staff's relationship with personal care homes and other unlicensed care facilities, emergency medical services staff relationship with Emergency Medical Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy

and the Southwest Drug Strategy Committee, and primary health care staff interactions with communities regarding development of primary health care teams.

All formal and informal means of consulting with the public is beneficial for the strategic direction of the Authority. Plans for the future include focus group consultations in communities throughout the region to discuss several specific themes, including the implementation of the strategic plan, recruitment and retention of health care professionals, sustainability of services, and cost drivers to the health system.

Commitment to Public Transparency

Integrity and accountability are two of the key values that the Authority believes in. They believe in being accessible and accountable to the public and use a variety of ways to ensure that the public has access to information:

- Monthly Regional Health Authority meetings are open to the public to attend and observe. The meetings are extensively advertised in the region's newspapers.
- Existence of established guidelines to facilitate presentations to the Board meetings from interested members of the public or organizations.
- Board meetings rotate through the health region's communities. Local municipal leaders are invited to the meeting and to join the Authority for discussion during the day.
- Regular monthly Authority meeting highlights are distributed to all media contacts throughout the health region, as well as throughout the facilities and offices of the health region for staff viewing. The Authority Chairperson and Chief Executive Officer welcome the opportunity to address issues identified in the monthly meetings with the media.
- Positive working relationships have been established with the media contacts (print, radio, television) to ensure the distribution of public information and public safety issues.
- The Chairperson, Chief Executive Officer and other representatives of the health region are available for presentations to municipal councils, community service groups, community trust committees and for the general public.
- Development and availability of the *Annual Report* document in hard copy format and electronically via the health region's website.
- Availability and continued enhancement of the region's (www.cypresshealth.ca) which provides internet access to a multitude of information regarding the health region and its communities.
- Payee disclosure lists are available for review.
- Development of *The Source*, a quarterly newsletter publication, which is delivered to every household in the region. The document is also available on the region's website (www.cypresshealth.ca/commnewsletters.htm)
- Creation of The Insider, an informational newsletter targeting employees of the region. It is also available on the website (www.cypresshealth.ca/staffnewsletters.htm)

PAYEE DISCLOSURE LIST

The Cypress Health Region is required to disclose payments by payee for the 2007-08 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure, and for the 2007-08 fiscal year the minimum threshold is $50,000. The *Payee Disclosure Lists* include payments made for: personal services, transfers, supplier payments, and other expenditures.

The *Payee Disclosure Lists* for all Regional Health Authorities in Saskatchewan may be accessed through the Saskatchewan Health website at www.health.gov.sk.ca/cypress-health-region

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

ACHTER	CANDLLE	52,205
ADAMY	ALI	84,796
ADASHYNSKI	BETH	93,510
ADDAI	STEPHAN	218,242
ALDAG	MARLENE	84,365
ALEXANDER	PATRICIA	58,314
ALLSEN	LARRY	93,558
ALTWASSER	DARCY	58,423
AMAN	RALPH	66,645
ANDERSON	IRENE	52,440
ANDERSON	MARY	68,028
ANDREAS	DAPHNE	150,854
ANDRES	MYRNA	50,978
ANTONIUK	DARUSIA	73,221
ARMSTRONG	NADINE	51,261
ARMSTRONG	SHANNON	68,568
ARNOLD	CORINNE	70,520
ARWINI	MOHAMED	430,591
ASHTEKAR	VIJAYKUMAR	428,470
AUCOIN	BRAD	57,328
BANMAN	LEANNE	63,016
BARKER	BETTY	62,806
BARKS	KIMBERLY	81,282
BARRETTO	IGNACIO	158,723
BAUMANN	LESLIE	73,645
BERG	DOROTHY	50,489
BERGQUIST	DAWN	56,481
BIDAUX	JOYCE	53,057
BISSONNETTE	DEBORAH	71,223
BLAKE	CANDACE	55,681
BOLLMAN	JULIE	53,721
BOOTH	DWIGHT	88,925
BORUCH	SHEILA	52,524
BOWERS	MARGARET	77,359
BRABENDER	JBEATRICE	67,994
BRADLEY	RHONDA	52,303
BRAUN	KAREN	57,364
BREHM	KAREN	86,296
BREWER	TARA	58,515
BRIDAL	LINDA	59,708
BRIGGS	LEAH	51,751
BROKS	DIANE	85,481
BROWN	LANA	78,964
BROWN	LEANNE	51,454
BROWN	PATRICIA	78,858

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

BROWN	THEODROAH	69,372
BROWNE	GRANT	51,627
BURTON	SUSAN	61,187
CAMERON	KATHERINE	69,847
CAPPELLE	LYRIS	61,358
CASAMAYOR	SUSAN	53,869
CASCAGNETTE	MARGUERIT	69,399
CEDERHOLM	SUSAN	54,752
CHENEY	ALICIA	50,768
CHISHOLM	JOHN	71,684
CHOKANI	KHAMI	155,019
COCHRANE	IDA	54,801
COLE	HEATHER	53,002
COREY	SHIRLEY	60,025
COTE	JULIEANNE	67,829
COULTER	TERRY	81,414
COULTER	VALERIE	79,881
CRAWSHAW	TIMOTHY	107,589
CREIGHTON	JOYCE	66,451
CRONAN	CARLA	67,004
CUNNINGHAM	GAIL	54,033
DANIEL	CAROLYNN	58,214
DAS	JIBAN	95,552
DE JAGER	JACOBUS	144,491
DE KLERK	HEIN	164,902
DEMPSEY	GERALD	64,270
DEMPSEY	SHEILA	73,929
DENESOVYCH	CONSTANCE	68,208
DEOBALD	MARLENE	69,025
DERMODY	MARIE	53,259
DESHAIES	MARIE	76,791
DIERKER	TAMSEN	65,184
DIETRICH	TAMMY	60,740
DIRKZWAGER	FRANCES	54,974
DJNA	DEBORAH	223,809
DRUMMOND	CINDY	77,925
DRYDEN	VERONICA	62,796
DUECK	BRENDA	64,514
DUMONCEAUX	RENA	51,157
DUNCAN	BEVERLEY	80,932
DUNCAN	TAMMY	74,117
DUNNINGTON	ARLENE	64,331
DURANT	MARILYN	63,304
DYCK	CAROL	69,736

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

DYCK	DAWN	52,074
DYCK	LARRY	61,430
DYCK	LORIE	56,175
DYCK	MARGRETHE	52,775
DYCK	RYAN	63,205
EAST	KAREN	60,490
EBNER	STEPHANIE	64,286
EDDY	CAROL	89,785
ELKELANI	SAAD	118,962
ELSASSER	RAYLENE	69,629
EMPEY	BONNIE	129,767
ERICKSON	MARY	71,276
EWEN	ANITA	93,711
FAKIR	SHAMSUDDIN	300,838
FARAGO	ANITA	55,670
FAUTH	RACQUEL	64,068
FEHR	HELEN	120,821
FEHR	MARGARET	59,407
FITZPATRICK	ELAINE	57,348
FLATERUD	FLORENCE	56,815
FLEURY	BRENDA	74,514
FLEURY	DEAN	60,573
FLYNN	PENNY	52,874
FORTMAN	SANDRA	65,973
FOSSUM	EILEEN	68,077
FREITAG	ALDA	56,109
FRIESEN	DIANE	68,984
FRIESEN	MARGARET	79,264
FRIESEN	YVETTE	59,265
FRITZ	BONNIE	70,482
FROESE	BRITTANY	50,739
FROYMAN	DEBRA	55,588
FRY	JULIA	70,292
FUNK	TARA LEE	70,591
GARDNER	TERRY	55,390
GARIES	ELAINE	52,115
GARIES	JOHN	66,916
GATES	GLENDA	61,112
GATZKE	JASON	156,414
GETZ	MARY	73,309
GILLANDERS BELL	TARA	81,764

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

GODDARD	SUSANNE	56,048
GOLD	KARLA	72,585
GOLDEN	BARBARA	72,979
GORDON	MARIANNE	64,252
GOUDY LODOEN	LAURA	76,176
GRAND	KAREN	60,255
GRANT	GREGORY	73,281
GREEN	STEPHANIE	84,592
GROVES	BRENDA	87,045
HAIDT	NICOLETTE	64,207
HALDERMAN	PEOTTA	53,747
HALL	GLORIA	65,795
HALVORSON	CINDY	55,109
HAMM	BONNY	79,105
HANSEN	JESSIE	54,250
HANSON	FERN	70,955
HANSON	MARIE	56,944
HARDIE	MAUREEN	63,396
HARLE	ROBIN	59,931
HARLICK	SANDRA	79,130
HARRISON	YOLANDA	57,211
HART	SHELLY	58,136
HARTLEY	VALERIE	77,853
HAWKINS	KRISTIN	81,852
HEINRICHS	LORRAINE	91,583
HEISER	BEVERLEY	64,074
HENNIG	JENNIFER	70,223
HERTER	MELISSA	55,782
HILTS	ELAINE	52,626
HITTEL	CLARA	55,191
HODGSON	MARYANN	73,059
HOFFARTH	SHARON	69,699
HOLDERBEIN	SHARLENE	102,576
HOLDERBEIN	VALERIE	65,273
HOLIZKI	MAUREEN	73,353
HOLMES	PEGGI	68,437
HORNELL	JAMES	159,701
HORNUNG	SHERRY	87,164
HOVDESTAD	RENEE	86,552
HOWELL	MARY ROSE	53,948
HUNTER	CHRISS	60,532

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

JOHNSON	V	50,377
JOHNSTON	JOSEPHINE	59,933
JOHNSTON	STACEY	57,724
JOHNSTON	STACIE	50,534
JONES	TRACEY	67,222
JONES	YVONNE	81,902
KANNENBERG	TYLER	57,154
KEHLER	ROXANNE	70,968
KESSY	CONNIE	67,790
KIELLY	ANDREW	150,730
KILCHER	NORMA	83,467
KIMBER	WENDY	71,806
KING	ROBERT	57,684
KLAASSEN	TODD	60,857
KLASSEN	TERRANCE	88,417
KLEIN	PATRICIA	53,679
KNAKOSKE	SUSAN	50,387
KNOWLTON BRODZIA	SHELLY	54,184
KNOX	CATHERINE	66,179
KOCHAN	BRENDA	61,701
KOELLMEL	HEATHER	71,962
KRAHN	ELAINE	55,622
KRAUSE	LAUREL	72,524
KRUSE	KIM	62,916
L HEUREUX	JOAN	67,710
LAFONTAINE	ANGELA	69,158
LAIRD	MERCY	71,969
LARRIVEE	DARREN	66,288
LEMAY	LYNDA	73,156
LENUIK	PHYLLIS	55,116
LEROUX	JACOBUS	130,667
LEVORSON	DENISE	67,124
LEWANS	ALECIA	61,515
LINDSAY	BARBARA	51,509
LIS	ROSE	109,452
LONGMORE	DEBRA	71,893
LOWE	RICKY	81,542
LUBEGA	BONIFACE	320,028
LUCHENSKI	SHELLY	68,657
LUEBBE	MARILYN	64,814
LYON	MORAG	76,590
MACLEOD	JANE	58,724
MACWILLIAM	CORNELIA	103,407
MAFFENBEIER	RUTH	81,358
MAH	CHERI LYN	61,277

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

MAHAFFEY	SANDRA	59,760
MALLECK	NASEEM	402,381
MAREE	GERT	140,009
MARTIN	BRYCE	93,980
MASON	TAMMY	75,305
MCCAIG	JANET	104,886
MCCONNELL	MIKE	57,468
MCCUAIG	CAROLINE	84,619
MCCUAIG	MILA	51,619
MCGREGOR	LINDSAY	53,580
MCKINNON	MILTON	87,097
MEINERT	BETTY	77,888
MEINERT	RANA	71,663
METZ	HEIDI	52,410
MEYER	ERLA	110,946
MEYER	HOLLY	74,059
MEYERS	LYNN	69,133
MILANI	ALI REZA	374,890
MILER	MARIA	61,860
MILLAR	MIKKI	82,520
MILLER	CATHERINE	59,483
MILLER	JUDITH	52,955
MIRKA	CHRISTINE	124,023
MOBERG	HEATHER	78,035
MOBERG	TERRI	74,829
MOEN	ALICE	64,289
MOHAGEN	YVONNE	103,637
MOIR	LINDA	52,903
MONETTE	JADE	56,449
MOOLA	DAWOOD	893,542
MORCK	EUNICE	65,049
MORGAN	SAMUEL	52,579
MOSER	LILY ANNE	52,903
MOSER	LORENE	55,849
MUDRY LAUTSCH	MARILYN	64,878
MUGERWA	JOSHUA	250,082
MULATZ	SHEILA	82,009
MUNROE	ROBIN	72,424
NAGEL	NANCY	55,381
NEUSTAETER	WESLEY	58,234
NEVARD	M FERN	70,994
NICHOLSON	SUSAN	86,657
NORDIN	COLLEEN	70,507
OLFERT	KATHERINE	51,154
OLFERT	MICHELLE	53,495

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

OLMSTED	PATRICIA	75,984
OLSGARD	LINDA	57,744
OLSON	ANGELA	63,771
OLSON	KRISTA	60,426
OLSON	PATRICIA	92,280
ORTMAN	JOAN	77,514
PAINTSIL	JAMES	320,679
PARK	KEITH	63,885
PAUL	LEONA	56,886
PAUL	SANDRA	51,798
PAULSON	LORNA	74,638
PEDERSON	VERNA	55,080
PENNER	MARY JEAN	64,992
PERRIN	CYNTHIA	60,197
PERRIN	GRANT	68,119
PETERS	ELEANOR	72,278
PETERS	EUNICE	63,517
PFEIL	JOANNE	56,932
PHILIP	CYNTHIA	68,133
PILKEY	LAURIE	70,544
PLATT	DONNA MAR	52,058
PLEWIS	JENNIFER	62,735
PLEWIS	LORRIE	56,111
POMPU	THERESA	65,684
PRITCHARD	LORI	82,951
PURVES	TAMMY	79,533
RACKOW	ELIZABETH	50,426
RADEVSKI	IVELIN	265,751
RAMSAY	MARVA	67,491
RAYMOND	SIGNE	74,314
REDEKOPP	LENA	59,784
REGIER	TRENTON	88,056
REID	LYNN	52,113
REIL	JO ANN	76,832
REINBOLT	BARBY	70,693
REMPEL	MARGARETE	79,506
REMPEL	MAUREEN	69,460
RENWICK	MARY	70,641
RESENDES	SUSAN	78,556
RICE	JOANNE	71,190
ROBINS	LINDA	53,354

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

RUNCIE	ELLEN	92,149
RYAN	ELIZABETH	57,598
SARGENT	MARILYN	101,856
SARTISON	CATHERINE	54,653
SAUDER	KIMBERLY	54,569
SCHELLENBERG	VIVIAN	54,378
SCHERGER	KATHY	68,524
SCHNEIDER	SHELLEY	72,976
SCHWAN	BRENDA	125,697
SCHWARTZ	MARTA	59,639
SCOTT	CAROL	53,412
SCOTT	JOHN	64,229
SHAH	SYED MUNIR	328,405
SHAPAN	MUSTAFA	312,685
SHARIF-BAJESTANI	NEGAR	67,687
SHAW	BONNIE	66,215
SHERWANI	AAMIR	85,277
SHOLDRA	YURIY	57,755
SHOTTER	MICHAEL	105,810
SIGURDSON	ESTHER	82,688
SINGH	LORETTA	76,546
SKELTON	MARG	89,462
SMITH KLASSEN	ALISON	70,695
SMOUT	ALICE	72,168
SMUK	GREGORY	78,355
SONEN	CYNTHIA	56,896
SONSTEBY	LOUISE	58,974
SOOMRO	NISAR	303,336
SOOS	ERIN	70,198
SPENCE	TWYLA	62,117
STANGLAND	MELINDA	50,819
STEENBERG	LOURENS	132,511
STEINLEY	MEGAN	77,091
STENSTROM	OSCAR	72,136
STEVENSON	DANIEL	84,687
STEVENSON	JILL	61,017
STEWART	RAELENE	64,590
STIMSON	MARIE	63,534
STOLSON	SUSAN	54,175
STOLSON	VALERIE	54,571
SUNAKARA	MARUTHI	73,137

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

THOMAS	LEANNE	82,818
THOMPSON	KELLY	54,553
TILLIER	DEBRA	54,915
TIMBRELL	SUSAN	65,861
TONEY	CATHY	51,129
TRAUTWEIN	JOYCE	51,135
TREEN	JACQUALIN	69,246
TSHABALALA	AUGUSTINE	152,185
TURNER	BERT	66,063
UNGER	DEBORAH	82,846
VACHON	ELISABETH	114,626
VALLEE	SUSAN	76,903
VAN BENDEGEM	PAUL	62,210
VAN DER BERG	NICOLAAS	149,957
VANDERSTEEN	ALINE	75,255
VANSTONE	JACQUELIN	82,311
WALKER	MYRNA	76,345
WALLISER	LINDA	87,041
WARDER	BRENDA	70,557
WATTS	LEANNE	67,115
WEBER	KEN	73,213
WEBER	RHODA	56,750
WELLS	CAROL	101,002
WELSH	LAURA	69,106
WENZEL	COLETTE	65,923
WENZEL	COLLEEN	52,968
WEPPLER	BRENDA	75,781
WHARTON	TERRY	227,011
WHITE	LAURA	80,765
WIEBE	GLENDA	75,154
WIEBE	MARION	68,489
WIEBE	SHARI	50,857
WIENS	KAREN	69,808
WIG	LAURIE	55,953
WILMS	ILA	73,637
WILSON	GAYLE	55,119
WILSON	PATRICIA	62,534
WILSON	WENDY	84,275
WOELK	FLORENCE	57,302
WOELK	VALERIE	71,596
WONG	AUDRA	54,237
WONG	RUTH M	98,241
WOODS	LAVONNE	73,496
WOODS	MARYANN	64,055
WOTHERSPOON	DONNA	85,307

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

WRIGHT	PATRICIA	70,633
YOUNG	KELLEY	61,715
YOUNG	SHERRY	66,241
ZACHARIAS	BRANDI	59,732
ZACHARIAS	LYLE	52,107
ZANIDEAN	VANESSA	60,203

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

A1 POWER DOOR LTD	$52,725.83
ABBOTT LABORATORIES LTD.	79,082.88
ADVANCED RESPONSE VEHICLES INC	116,636.20
ALCON CANADA INC.	387,706.19
AMJ CAMPBELL VAN LINES	79,652.42
BAXTER CORPORATION	63,905.61
BECKMAN COULTER	122,881.83
BRENNAN OFFICE PLUS	353,469.18
BUNZL CANADA	143,879.20
CANADIAN MENTAL HEALTH	116,008.32
CAN-MED HEALTHCARE	140,119.58
CEG ENERGY OPTIONS INC	167,764.02
CENTURY ROOFING & SHEET METAL LTD	209,491.91
CHERRY INSURANCE INC.	134,744.00
CHINOOK REFRIGERATION	59,200.79
CITY OF SWIFT CURRENT	374,548.88
CONBRIO CONSULTING SERVICES INC.	92,749.03
CONCENTRA FINANCIAL	104,952.00
COUNTRY CLUB DISTRIBUTORS	238,726.77
COVIDIEN SURGICAL	231,617.06
CPDN Total	529,021.11
DELL CANADA INC.	91,095.10
DENSON FOOD EQUIPMENT	103,127.00
DICTAPHONE CANADA CORP.	50,998.33
DOMINION CONSTRUCTION CO	3,795,961.85
DR NOBLE IRWIN FOUNDATION	86,400.00
ECOLAB LTD	79,517.96
FRONTIER AMBULANCE	134,066.00
G.E. CAPITAL SOLUTIONS	85,659.45
G.E. MEDICAL SYSTEMS	241,004.11
GAMBRO LTD	58,035.25
GRAND & TOY LTD.	169,142.45
GREAT WEST LIFE - GL	395,151.75
HILL-ROM CANADA LTD.	97,019.65
HOSPIRA HEALTHCARE CORP	303,913.95
HSAS	69,410.04
INSIGHT CANADA	99,408.68
JOHNSON & JOHNSON CLINICAL	324,594.46
JOHNSON & JOHNSON MEDICAL	76,547.60
LONDON LIFE INSURANCE COMPANY	87,247.00
MASTERCARD	150,272.32
MCKERRACHER SERVICES	112,494.52

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

MCKESSON CANADA	$240,174.25
MEDTRONIC OF CANADA LTD.	57,154.23
MINISTER OF FINANCE	237,916.59
OLYMPUS CANADA INC.	74,421.58
PERIDOT MEDICAL INC.	171,253.46
PHILIPS MEDICAL SYSTEMS	629,026.56
PIONEER CO-OP	52,818.64
PUBLIC EMPLOYEE PENSION PLAN	173,403.97
QUALITY LIFE SERVICES INC.	323,951.86
RECEIVER GENERAL	17,948,121.02
REGINA QU'APPELLE HEALTH REGION	1,020,559.07
SAHO	171,604.88
SAHO - DENTAL	557,368.74
SAHO - DIP	1,499,977.96
SAHO - ENHANCED HEALTH PLAN	1,497,870.54
SAMMONS PRESTON	57,710.61
SAPUTO	111,951.45
SASK ENERGY	759,284.04
SASK POWER	668,006.17
SASK PROPERTY & MANAGEMENT	644,424.59
SASKATCHEWAN HOUSING CORP.	184,194.00
SASKTEL	679,502.33
SCHAAN HEALTHCARE PRODUCTS	924,238.48
SEIU	566,442.71
SHEPP	6,059,756.06
SOMAGEN DIAGNOSTICS INC.	90,375.93
SOURCE MEDICAL	355,160.15
SRNA	118,786.80
STANTEC ARCHITECTURE LTD.	71,712.60
STERIS CANADA LTD.	73,883.46
STEVENS COMPANY LTD.	177,659.69
STRYKER CANADA INC.	374,056.32
SUN	229,855.96
SUPERIOR VACUUM & JANITORIAL SUPPI	65,502.30
SUPREME BASICS	86,559.01
SYSCO FOOD SERVICES-WEST INC	1,172,639.45
TAB PRODUCTS OF CANADA	109,962.00
TEX-PRO WESTERN LTD.	69,199.98
TREEN PACKERS LTD	54,998.01
VFA CANADA	66,618.21
VITALAIRE	82,021.28
W W SMITH TRAVEL	248,843.00

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2008

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Canadian Mental Health Association	$ 116,271
Foyer St. Joseph Nursing Home	1,390,720
Frontier Ambulance	137,041
Gull Lake Ambulance	128,163
McKerracher Support Services Inc	112,495
Ponteix Ambulance	196,643
Swift Current Ambulance	786,823
Val Marie Ambulance	108,985

PERFORMANCE MANAGEMENT SUMMARY

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between Regional Health Authorities (RHAs) and the province. The Accountability Documents articulate the department's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at www.health.gov.sk.ca.

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*		October 2007 *(next scheduled date October 2010)*	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2008*		April 2005 *(next planned participation date Fall 2008)*	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*		182	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*		84%	86%	52% – 99%	*to be determined*
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	779.72	*not applicable*	*not applicable*	*not applicable*
	HSAS	71.09			
	OOS/OTHER[1]	73.76			
	SUN	204.68			
	RWDSU[2]	*not applicable*			
	Organization as a whole	1,129.25			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	32.76	45.68	18.53 – 91.96	*to be determined*[3]
	HSAS	16.50	23.72	0.10 – 131.05	*to be determined*[3]
	OOS/OTHER[1]	3.51	3.41	0.21 – 13.02	*to be determined*[3]
	SUN	81.50	84.78	32.83 – 351.02	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
	Organization as a whole	38.66	48.46	18.95 – 131.14	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	77.5%	77.3%	73.3% – 80.2%	*to be determined*[3]
	HSAS	80.3%	79.9%	73.0% – 81.6%	*to be determined*[3]
	OOS/OTHER[1]	84.2%	81.8%	75.0% – 84.2%	*to be determined*[3]
	SUN	74.2%	74.0%	65.8% – 76.8%	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	77.5%	77.2%	72.5% – 79.9%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	86.90	89.48	70.26 – 108.76	*to be determined*[3]
	HSAS	69.35	68.08	50.61 – 108.78	*to be determined*[3]
	OOS/OTHER[1]	41.95	50.23	41.95 – 70.10	*to be determined*[3]
	SUN	84.41	89.48	52.15 – 94.79	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	82.41	84.35	65.01 – 100.96	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*		6.91	7.12	0.00 – 9.02	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*		233.25	451.26	0.00 – 677.35	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		*not available*	*not available*	*not applicable*	*to be determined*
Financial					
Surplus (deficit)[30] *2007/2008*		$636,008	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30] *2007/2008*		0.7%	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Working capital ratio (current ratio)[30] *2007/2008*		1.29	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[30] *2007/2008*		(1.42)	*not applicable*	(62.32) – 39.28	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	93.6%	89.4% – 97.1%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	97.8%	87.7% – 103.3%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		126.6%	101.9%	92.0% – 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		103.5%	106.6%	75.8% – 139.2%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2007/2008*		1,806	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	84.7%	81.5% – 88.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Number of patient years of dialysis provided in the current fiscal year[7] *2007/2008*	Peritoneal	–	*not applicable*	*not applicable*	*to be determined*
	Hemodialysis	11.69			*to be determined*
	Total	11.69			*to be determined*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2007*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients				
	Number of home unit chronic hemodialysis patients				
	Number of north/south chronic hemodialysis patients				
	Number of people living with a kidney transplant				
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] (in days) *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10] *2006/2007*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction				
	Spinal Cord Dysfunction				
	Orthopaedic Conditions				
	Neurological Conditions				
	Amputation of Limb				
	Major Multiple Trauma				
	Medically Complex				
	Debility				
	Cardiac				
	Pulmonary				
	Arthritis				
	Pain Syndrome				
	Other				

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[11] *2006/2007*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult				
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		41	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education via Telehealth *2007/2008*		218	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education via Telehealth *2007/2008*		37	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education events provided by the RHA via Telehealth *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education events provided by the RHA via Telehealth *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	15	*not applicable*	*not applicable*	*not applicable*
	Percentage	6.9%	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	9.2%	0.0% – 11.7%	0%

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	73.2%	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	95.1%	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	99.1%	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	100.0%	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	101.5%	99.4%	92.2% – 114.6%	100%
	Variance from target	32	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[13] *as at the end of Q2 2007/2008*		–	–	–	*to be determined*
Case mix index for institutional supportive care facilities[13] *as at the end of Q2 2007/2008*		0.753	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*		2.9	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[14] *July 1, 2006 to June 30, 2007*	Diphtheria	80.7	69.8	53.3 – 85.7	*to be determined*
	Measles	79.7	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) *2006/2007*		62%	63%	52% – 70%	*to be determined*

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act, 1994*) *2007/2008*	FEE – Food Eating Establishment	68	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	100	*not applicable*	50 – 100	
	LA – Licensed Accommodations	49	*not applicable*	46 – 100	
	SP – Swimming Pools	76	*not applicable*	55 – 100	
	Public Water Supplies	43	*not applicable*	43 – 100	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[15] *2007/2008*		97.6%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*[16]	Males	28.13	25.13	19.95 – 41.75	*to be determined*
	Females	21.21	23.30	16.36 – 32.31	
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population *2005/2006*	Incidence	6.5	5.4	1.3 – 7.3	*to be determined*
	Prevalence	67.2	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year[17] *2006/2007*		*not applicable*	11.2%	-42.2% – 170.6%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		57.4%	57.9%	34.7% – 73.9%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services[18] (in days) *2007/2008*		7.4	*not applicable*	*not applicable*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		26.23%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	1,742	*not applicable*	*not applicable*	*not applicable*
	Q2	1,442			
	Q3	3,703			
	Q4	3,896			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	1,053	*not applicable*	*not applicable*	*not applicable*
	Q2	1,209			
	Q3	1,199			
	Q4	996			
	Year as a whole	4,457			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	0	*not applicable*	*not applicable*	*not applicable*
	New teams established	2			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		1.67%	0.76%	0.00% – 10.10%	*to be determined*
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[19] *2006/2007*	ADC	6	173	5 – 51	*to be determined*
	Occupancy rate	57.4%	75.7%	52.5% – 91.7%	*to be determined*
	ALOS	10.5	15.1	10.2 – 19.1	*to be determined*
Percentage of mental health inpatient separations where readmission occurred within 7 days[19] *2006/2007*		4.5%	4.9%	1.2% – 9.2%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[20] *2006/2007*		*not applicable*	73.2%	55.1% – 77.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[18,21] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[18,22] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to alcohol and drug stabilization services[18,23] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services[18,24] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[30] *2007/2008*		4.6%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[25] *2002-2004*		4.0	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*		5.8	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[25] *2002-2004*		13.4	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[26]	Circulatory Diseases	1,031.8	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,610.6	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	179.2	222.9	63.5 – 376.5	
	Unintentional Injuries	636.4	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	315.1	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996*[27]	Males	69.1	66.6	61.8 – 69.2	*to be determined*
	Females	72.5	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[27]	Males	12.1	11.2	8.7 – 12.1	*to be determined*
	Females	13.1	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[28]	Males	78.2	76.2	72.1 – 78.2	*to be determined*
	Females	82.8	81.8	76.1 – 82.8	

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Indicator		RHA Value	Provincial Value	Range	Target
Life expectancy (at age 65 years)[15] *2001*[28]	Males	18.0	16.9	15.6 – 18.0	*to be determined*
	Females	21.0	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*[16]		50.28	52.35	39.86 – 57.96	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*[16]	Overweight (BMI 25.0-29.9)	31.66	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	22.16	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*[16]	Active / moderately active	45.44	48.62	38.60 – 53.35	*to be determined*
	Inactive	53.07	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	14,261	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	375			
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*		54.6	*not applicable*	44.3 – 101.7	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	12.1	10.6	7.2 – 17.7	*to be determined*
	Females	8.1	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	20.2	14.3	8.6 – 35.3	*to be determined*
	Females	29.5	26.4	21.7 – 39.9	

PERFORMANCE MANAGEMENT SUMMARY
2007/2008

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.

11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.

14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.

17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

18 Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.

19 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

20 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

21 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.

22 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.

23 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

24 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

25 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of

five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

26 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

27 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

28 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

29 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

Values are based on data from final, unaudited financial statements.

MANAGEMENT REPORT

Date: May 12, 2008

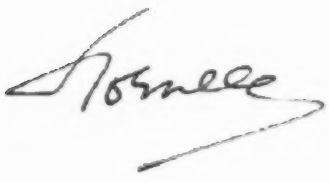
CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

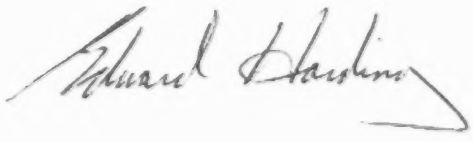
The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.





Jim Hornell
Chief Executive Officer

Edward Harding
Executive Director Finance

CYPRESS HEALTH REGION

Financial Statements For the Year Ending March 31, 2008

AUDITOR'S REPORT

To the Board of Directors, Cypress Regional Health Authority

We have audited the statement of financial position of the Cypress Regional Health Authority as at March 31, 2008 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the Health Authority as at March 31, 2008 and the results of its operations and the changes in its fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Stark & Marsh

Chartered Accountants

Swift Current, Saskatchewan
May 12, 2008

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as at March 31, 2008

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2008	Total 2007
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$ 8,744,847	$ 2,361,742	$ 1,431,117	$ 12,537,706	$ 13,605,173
Accounts receivable					
Sask Health General Revenue Fund	272,185	-	-	272,185	617,926
Other	959,307	1,061,984	44,896	2,066,186	1,768,854
Inventory	878,481	-	-	878,481	897,470
Prepaid expenses	785,304	-	-	785,304	478,182
Due from the capital fund	-	-	-	-	70,000
	11,640,122	3,423,726	1,476,013	16,539,861	17,437,605
Long Term Investments (Schedule 2)	253,300	-	-	253,300	51,642
Pledge receivable	-	-	-	-	4,466
Capital Assets (Note 3)	-	70,414,600	-	70,414,600	69,898,535
TOTAL ASSETS	$ 11,893,422	$ 73,838,325	$ 1,476,013	$ 87,207,761	$ 87,392,248
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 4,234,177	$ -	$ -	$ 4,234,177	$ 6,513,593
Accrued salaries	1,941,310	-	-	1,941,310	1,505,663
Accrued vacation	5,485,543	-	-	5,485,543	5,293,641
Deferred revenue (Note 6)	909,459	-	-	909,459	1,246,013
Due to operating fund	-	-	-	-	70,000
Current portion of long term lease (Note 4)	-	70,949	-	70,949	70,949
Current portion of long term debt (Note 5)	-	136,716	-	136,716	129,418
Accrued mortgage interest	-	13,037	-	13,037	13,647
	12,570,488	220,702	-	12,791,190	14,842,923
Long term liabilities					
Long Term Leases Payable (Note 4)	-	195,143	-	195,143	266,059
Mortgages payable (Note 5)	-	2,519,392	-	2,519,392	2,656,328
TOTAL LIABILITIES	12,570,488	2,935,237	-	15,505,725	17,765,311
Fund Balances					
Investment in capital assets	-	67,479,363	-	67,479,363	66,695,234
Externally restricted (Schedule 3)	123,545	104,931	1,476,013	1,704,488	2,078,579
Internally restricted (Schedule 4)		2,671,691	-	2,671,691	1,592,900
Unrestricted (deficit)/surplus	(800,611)	647,104	-	(153,507)	(739,776)
TOTAL FUND BALANCES (Statement 2)	(677,066)	70,903,089	1,476,013	71,702,035	69,626,937
TOTAL LIABILITIES & FUND BALANCES	$ 11,893,422	$ 73,838,325	$ 1,476,013	$ 87,207,761	$ 87,392,248

Approved on behalf of the board of directors

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

for the year ended March 31, 2008

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2008	Actual 2008	Actual 2007	Capital Fund 2008	Community Trust fund 2008	Total 2008	Total 2007
REVENUES	(Note 12)						
Sask Health - General	$ 85,244,560	$ 86,412,756	$ 81,070,251	$ 3,994,967	$ -	$ 3,994,967	$ 12,335,476
Other Provincial	161,784	165,277	184,747	-	-	-	-
Federal Government	37,200	37,120	48,357	-	-	-	-
Special Funded Programs	72,800	73,528	65,640	-	-	-	-
Patient Fees	7,668,015	7,814,736	7,845,514	-	-	-	-
Out of Province (Reciprocal)	446,590	677,947	543,512	-	-	-	-
Out of Country	26,050	79,687	36,173	-	-	-	-
Donations	68,000	16,902	112,881	86,065	-	86,065	52,677
Investment	215,000	383,991	376,315	86,048	47,074	133,122	143,632
Recoveries (Note 9 b) iii))	598,964	946,493	708,781	1,854,789	-	1,854,789	2,009,615
Other	176,477	191,522	283,872	118,200	-	118,200	4,439,524
TOTAL REVENUES	94,715,440	96,799,958	91,276,042	6,140,068	47,074	6,187,142	18,980,925
EXPENSES							
Province Wide Acute Care Services	827,764	884,859	860,451	20,481	-	20,481	20,202
Acute Care Services	28,696,964	29,609,265	27,788,117	1,885,356	-	1,885,356	675,489
Physician Compensation - Acute	6,799,399	7,374,895	6,702,757	-	-	-	-
Supportive Services	32,245,970	32,730,481	31,461,089	956,407	2,182	958,589	934,279
Home Based Services - Supportive Care	5,564,519	5,201,232	5,301,725	137,680	-	137,680	129,616
Population Health Services	2,046,305	2,007,106	1,785,338	50,631	-	50,631	48,738
Community Health Services	4,502,082	4,212,131	4,019,628	111,393	-	111,393	104,587
Home Based Services - Acute & Palliative	661,754	609,270	622,537	16,373	-	16,373	15,169
Primary Health Care Services	3,607,251	3,453,230	3,241,072	89,252	-	89,252	79,306
Emergency Response Services	2,952,490	3,245,543	2,911,713	138,280	-	138,280	68,309
Mental Health Services - Inpatient/Residential	1,195,267	1,253,939	1,148,720	29,574	-	29,574	28,064
Physician Compensation - Community Services	940,184	923,795	929,946	-	-	-	-
Program Support Services	4,352,990	4,389,531	4,034,424	-	-	-	-
Special Funded Programs	209,999	156,173	165,264	-	-	-	-
Ancillary	112,500	112,500	150,000	-	-	-	-
Loss on Disposal (Note 3)	-	-	-	1,310,443	-	1,310,443	-
TOTAL EXPENSES (Schedule 1)	94,715,440	96,163,951	91,122,781	4,745,869	2,182	4,748,051	2,103,759
Excess of revenue over expenses	$ -	636,008	153,261	1,394,199	44,892	1,439,091	16,877,166
Fund Balances, beginning of year		(677,066)	(726,298)	68,869,280	1,434,723	70,304,003	53,322,808
Interfund transfers (Note 14)		(636,008)	(104,028)	639,610	(3,602)	636,009	104,028
Fund balances, end of year		$ (677,066)	$ (677,066)	$ 70,903,089	$ 1,476,013	$ 72,379,102	$ 70,304,003

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2008

Statement 3

	Operating Fund		Restricted Fund			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ 636,008	$ 153,261	$ 1,394,199	$ 44,892	$ 1,439,091	$ 16,877,166
Net change in non-cash working capital (Note 7)	366,757	1,205,203	(2,597,679)	6,632	(2,591,047)	(593,826)
Amortization of capital assets	-	-	3,265,812	-	3,265,812	1,895,581
Loss on disposal of capital assets (Note 3)			1,310,443			
Change short term investment to long term investment	(201,658)	163,008	-	-	-	360,000
	801,108	1,521,472	3,372,775	51,524	2,113,856	18,538,921
Purchase of capital assets						
Buildings/construction	-	-	(2,469,589)	-	(2,469,589)	(16,529,821)
Equipment	-	-	(2,647,724)	-	(2,647,724)	(3,447,849)
Proceeds on disposal of capital assets						
Buildings	-	-	24,992	-	24,992	-
	-	-	(5,092,321)	-	(5,092,321)	(19,977,670)
Repayment of debt	-	-	(200,553)	-	(200,553)	(123,030)
Net increase (decrease) in cash & short term investments during the year	801,108	1,521,472	(1,920,099)	51,524	(1,868,575)	(1,224,772)
Cash & short term investments, beginning of year	8,579,747	7,162,304	3,642,231	1,383,195	5,025,426	6,146,169
Interfund transfers (Note 14)	(636,008)	(104,028)	639,610	(3,602)	636,008	104,028
Cash and investments, end of year (Schedule 2)	$ 8,744,847	$ 8,579,747	$ 2,361,742	$ 1,431,117	$ 3,792,859	$ 5,025,425
Amounts in cash balances						
Cash and short-term investments	$ 8,744,847	$ 8,579,747	$ 2,361,742	$ 1,431,117	$ 3,792,859	$ 5,025,426

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2008

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed The *Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Cypress Regional Health Authority (RHA) was created by the Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act.

The Cypress Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliate, a registered charity under the *Income Tax Act*, is incorporated as follows:

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

The RHA has an agreement with the Foundation to be the principle fundraising body for the RHA. The RHA provided financial support to the Foundation through an annual fee for service, which concluded January 1, 2008.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund
The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund
The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue
Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets
Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line or declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory
Inventory consists of general stores, pharmacy, laboratory, linen, and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on the first in, first out basis.

f) Investments
Investments are recorded at fair value.

g) Pension
Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty
These financial statements have been prepared by management in accordance with canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Effective April 1, 2007, the RHA adopted new accounting standards applicable to financial instruments. In accordance with the standards, the RHA has classified its financial instruments into one of the following categories: held-for-trading, loans, and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instrument are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Previously investments were recorded at the amortized cost. The impact on transition of this change in accounting was nominal. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities
- Long-term debt is classified as other liabilities. The related debt premium or discounted and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

The RHA selected January 1, 2003 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition dates were reviewed for embedded derivatives. As at March 31, 2008, the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

i) Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with the financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

See note 13 for additional information on financial instruments.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2008			March 31, 2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,422,224	$ -	$ 1,422,224	$ 1,422,224
Land Improvements	721,265	607,883	113,382	125,980
Buildings	73,816,347	16,838,923	56,977,424	22,659,149
Equipment	32,261,418	20,845,832	11,415,587	10,270,383
Information systems	673,403	365,669	307,734	301,307
Vehicles	1,053,538	875,290	178,249	205,821
Construction in progress	-	-	-	34,913,671
	$ 109,948,196	$ 39,533,596	$ 70,414,600	$ 69,898,535

The Region demolished the old Cypress Regional Hospital and the former Southwest Health District head office in 2007. The buildings had a net book value of $1,310,443 prior to demolition. This amount is recorded as a loss on disposal on statement 2.

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2008, commitments for acquisition of capital assets were $1,001,350 (2007 - $5,246,672).

b) Operating Leases

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Capital Leases

	2008			2007
	Cost	Accumulated Ammortization	Net Carrying Amount	Net Carrying Amount
Equipment under capital lease	$ 354,745	$ 43,455	$ 311,290	$ 345,878

The equipment is amortized on a declining balance beginning in the year of acquisition.

Minimum annual payments under capital lease on equipment over the full lease term are as follows:

Intrest rate	5.24%
Expiry date	31-Dec-11
2009	82,001
2010	82,001
2011	82,001
2012	61,501
Total minimum lease payments	**307,504**
Amount representing interest	41,412
Balance of the obligation	**266,092**
Less current portion	70,949
Long term portion	**195,143**

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2008	2007
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 285,542	$ 295,682
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	434,535	444,652
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding and effective interest rate of 2%	515,775	547,785
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding and effective interest rate of 1%	283,598	297,892
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	898,754	955,349
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	237,904	244,385
			2,656,108	2,785,745
Less : Current Portion			136,716	129,417
			$ 2,519,392	$ 2,656,328

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2009	$ 136,716
2010	139,847
2011	147,969
2012	156,525
2013	165,559
2014 and subsequent	1,909,492

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH INITIATIVES				
Team Facilitator	$ 83,025	$ 56,030	$ 78,600	$ 105,595
Primary Care Team Development	100,000	83,886	-	16,114
Primary Care Admin	17,780	141,784	145,000	20,996
RNNP Leader Project	77,418	150,873	178,900	105,445
Primary Care Team - Eastend	-	-	25,000	25,000
Primary Care Team - Maple Creek	-	22,270	25,000	2,730
Primary Care Team - Pharmacy	-	-	60,000	60,000
Chronic Disease Management	-	37,736	66,680	28,944
Professional Development	70,781	22,159	32,105	80,727
Quality Workplace	236,916	249,021	32,105	20,000
Cultural Awareness Training	17,585	4,875	12,180	24,890
Nursing Safety Training Initiative	-	-	70,535	70,535
Staff Education Database	-	-	11,782	11,782
Mentorship Program	-	-	15,225	15,225
Nursing Model Expansion	-	-	75,000	75,000
Smoking Transition	8,085	1,015	-	7,070
Enhanced Public Health	46,125	34,268	-	11,857
Project Hope	21,519	78,817	70,000	12,702
Youth Detox Program	37,560	64,633	101,000	73,927
Parent Mentoring	8,000	-	8,000	16,000
Outreach and Respite Services	-	2,876	12,754	9,878
Train the Trainer	-	32,792	50,100	17,308
Sasksmart	-	2,750	7,500	4,750
Home Care Accord	70,372	70,372	-	-
HIPA Implementation	4,851	1,518	-	3,333
Emergency Department Coverage	17,964	1,529,662	1,570,928	59,230
Healthline Promotion	2,358	2,358	-	-
Nursing Recruitment	60,000	60,000	-	-
STABLE	5,000	5,000	-	-
Regional Hospital Move	300,000	300,000	-	-
Total Sask Health	**$ 1,185,339**	**$ 2,954,695**	**$ 2,648,394**	**$ 879,038**
Non Sask Health Initiatives				
ABI Program Funding	$ 28,160	$ 87,745	$ 73,528	$ 13,943
Recruitment/Retention	5,622	5,622	-	-
Mental Health Conference	11,640	-	-	11,640
Quality Workplace - SRNA	9,752	9,752	-	0
Whose Job is it Anyway	5,500	662	-	4,838
Total Non Sask Health	**$ 60,674**	**$ 103,781**	**$ 73,528**	**$ 30,421**
Total Deferred Revenue	**$ 1,246,013**	**$ 3,058,476**	**$ 2,721,922**	**$ 909,459**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
(Increase) Decrease in accounts receivable	$ 677,503	$ 1,703,005	$ (635,727)	$ 6,632	$ (629,095)	$ 1,091,813
(Increase) Decrease in inventory	18,989	(31,767)	-	-	-	-
(Increase) in prepaid expenses	(307,122)	(201,647)	-	-	-	-
Decrease in other current assets	70,000	537,736	4,466	-	4,466	4,466
Increase (Decrease) in accounts payable	(383,608)	1,298,838	(1,966,418)	-	(1,966,418)	(1,690,105)
Increase (Decrease) in accrued salaries	435,647	(2,581,142)	-	-	-	-
Increase in vacation payable	191,902	178,440	-	-	-	-
Increase (Decrease) in deferred revenue	(336,554)	301,740	-	-	-	-
	$ 366,757	$ 1,205,203	$ (2,597,679)	$ 6,632	$ (2,591,047)	$ (593,826)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2008, was $37,813 (2007- $36,765).

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

	2008	2007
Revenues		
Health Quality Council	$ 66,681	$ 63,550
Saskatchewan Government Insurance	118,344	118,727
Sask Worker's Comp Board	133,273	157,596
Related Party Revenues	$ 318,297	$ 339,872
Expenditures		
Minister of Finance	$ 62,716	$ 105,278
Minister of Health	13,831	26,816
Public Employees Pension Plan	167,100	156,065
Regina Qu'appelle Health Region	864,954	152,176
Saskatchewan Association of Health Organizations	2,690,493	2,786,118
Sask Health Employees Pension Plan	2,869,445	2,959,494
Sask Property Management	738,842	719,821
Sask Worker's Comp Board	900,682	997,518
Saskatchewan Energy Corp	661,209	623,580
SaskPower Corp	638,196	387,658
SaskTel	450,643	457,248
Sask Government Insurance	12,727	29,656
University of Saskatchewan	12,697	39,818
Related Party Expenditures	$ 10,083,535	$ 9,441,246
Accounts Payable		
Minister of Health	$ 21,145	$ -
Public Employees Pension Plan	7,261	6,303
Regina Qu'appelle Health Region	2,297	155,690
Saskatchewan Association of Health Organizations	443,373	567,409
Sask Health Employees Pension Plan	362,354	344,965
Sask Property Management	29,011	60,748
Sask Worker's Comp Board	118,705	128,638
Saskatchewan Energy Corp	100,234	98,075
SaskPower Corp	53,269	29,810
SaskTel	40,785	37,766
Related Party Payable	$ 1,178,434	$ 1,429,404

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations (CBOs) and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2008	2007
McKerracher Support Services Inc	$ 112,495	$ 103,048
Canadian Mental Health Association	116,271	113,927
Gull Lake Ambulance	128,163	109,224
Ponteix Ambulance	196,643	174,899
Val Marie Ambulance	108,985	104,793
Frontier Ambulance	137,041	123,180
Swift Current Ambulance	786,823	681,753
	$ 1,586,420	$ 1,410,823

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the affiliate:

	2008	2007
Foyer St. Joseph Nursing Home	$ 1,390,720	$ 1,332,731

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2008 and 2007.

	Total 2008	Total 2007
Balance Sheet		
Assets	$ 573,637	$ 572,257
Net Capital Assets	350,376	381,314
Total Assets	$ 924,013	$ 953,571
Total Liabilities	$ 135,683	$ 167,166
Total Net Assets (Fund Balances)	788,330	789,405
Total Liabilities & Fund Balances	$ 924,013	$ 956,571
Results of Operations		
RHA Grant	$ 1,390,720	$ 1,332,731
Other Revenues	433,991	450,715
Total Revenue	1,824,711	1,783,446
Salaries & Benefits	1,617,596	1,524,340
Other Expenses	211,312	197,282
Total Expenses	$ 1,828,908	$ 1,721,622
Excess Revenue over Expenses	$ (4,197)	$ 61,824
Cash Flows		
Cash from Operations	$ 68,197	$ 66,028
Cash used in Financing Activities	(40,111)	(26,501)
Cash provided by (used in) Investing Activities	(72,745)	-
Increase/(Decrease) in cash	$ (44,659)	$ 39,527

iii) Fund Raising Foundations
Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation's total expenses include contributions of $1,854,789 (2007 - $2,087,883) to the RHA.

10. Comparative Information
Certain 2006-07 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan
Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

   The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense for the year amounted to $3,286,347.16 (2007 - $3,351,667) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2007-08 budget plan on May 10, 2007.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - cash and short-term investments
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable
- For investments, the fair value is considered to approximate quoted market values.
- The fair value of mortgages payable before the repayment required within one year is $2,738,519 (2007 - $2,879,034) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,300,000 (2007 - $1,300,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2008 was $ nil (2007 - $ nil).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ 2,381	$ (2,381)
Capital asset purchases	-	3,602	(3,602)	-	6,880	(6,880)
Mortgage payments	-	-	-	(104,638)	104,638	-
Other	(636,008)	636,008	-	-	-	-
	$ (636,008)	$ 639,610	$ (3,602)	$ (104,638)	$ 113,899	$ (9,261)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,476,013 (2007 - $1,434,723) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2008:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

18. Change in Accounting Policy

Effective April 1, 2007 the RHA adopted the new CICA Handbook Section 3855 – Financial Instruments – Recognition and Measurement, Section 3862 – Financial Instruments – Presentation and Section 3863 – Financial Instruments – Disclosure.

Upon the adoption of the new standards, there was no impact to applying this change in accounting policy prospectively, effective April 1, 2007, to recognize fair value adjustments on financial instruments held-for-trading

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2008

	Budget 2008	Actual 2008	Actual 2007
Operating:			
Board costs	$ 103,000	$ 64,650	$ 84,652
Compensation - Benefits	10,410,054	10,347,106	10,305,737
Compensation - Salaries	57,428,925	58,180,625	55,071,245
Diagnostic imaging supplies	233,750	154,188	147,081
Drugs	1,181,418	1,105,832	1,281,503
Food	1,532,103	1,718,507	1,597,771
Grants to ambulance services	1,241,603	1,357,655	1,197,004
Grants to third parties	2,427,146	2,446,382	1,840,727
Housekeeping and laundry supplies	704,282	742,161	743,806
Information technology contracts	295,174	281,058	263,598
Insurance	254,265	254,812	227,512
Interest	6,000	10,521	29,372
Laboratory supplies	833,450	926,172	822,286
Medical and surgical supplies	1,738,625	2,156,076	1,860,072
Medical remuneration and benefits	7,533,426	8,048,068	7,274,627
Office supplies and other office costs	1,013,407	985,942	953,437
Other	967,863	862,180	790,944
Other referred out services	132,833	101,359	75,092
Professional fees	580,093	564,559	656,037
Prosthetics	285,000	306,145	321,663
Purchased services	230,637	223,285	267,631
Rent/lease costs	505,677	575,223	683,843
Repairs and maintenance	870,109	1,081,239	920,712
Service contracts	709,581	607,429	540,109
Travel	1,081,658	1,057,390	1,104,320
Utilities	2,415,361	2,005,387	2,061,999
	$ 94,715,440	$ 96,163,951	$ 91,122,781
Restricted :			
Amortization		$ 3,265,813	$ 1,895,581
Loss on disposal of capital assets		1,310,443	-
Mortgage interest expense		169,614	168,159
Other		2,182	40,018
		$ 4,748,051	$ 1,743,384

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2008

Schedule 2

		Amount	Maturity	Effective Rate
Restricted Investments				
Cash and Short Term				
Chequing and Savings :				
Concentra	$	2,361,742		
Royal Bank (Shaunavon)		284,508		
Sandhills Credit Union (Leader)		121,195		
Cypress Credit Union (Maple Creek)		27,079		
Credit Union (Eastend)		6,312		
Royal Bank (Climax)		29,681		
CIBC (Mankota)		23,468		
	$	2,853,985		
Short Term Investments:				
Eastend Credit Union	$	150,000	18/11/2008	4.20%
CIBC (Mankota)		39,112	06/06/2008	3.10%
Cypress Credit Union (Maple Creek)		382,249	09/04/2008	4.27%
Cypress Credit Union (Maple Creek)		360,000	07/02/2009	3.70%
Various Membership Equities		7,513		
	$	938,874		
Total Cash & Short Term Investments	$	3,792,859		
Total Restricted Investments	**$**	**3,792,859**		
Unrestricted Investments				
Cash and short term				
Chequing and savings				
Concentra	$	7,045,422		
Petty Cash		7,360		
Petty Cash (Trust)		1,250		
RBC Dominion Securities		8,738		
BMO Nesbitt Burns		7,314		
	$	7,070,084		
Short Term Investments				
New Brunswick Provincial Bond	$	1,447,926	06/02/2009	4.65%
Province of Ontario		226,836	01/12/2008	5.70%
	$	1,674,762		
Total Cash & Short Term Investments	$	8,744,847		
Long Term				
Canada Savings Bond	$	45,000	01/11/2016	3.25%
Canada Savings Bond		200,000	01/11/2017	3.25%
Various Membership Equities		8,300		
Total Long Term Investments	$	253,300		
Total Unrestricted Investments	**$**	**8,998,147**		
Total Investments	**$**	**12,791,006**		
Restricted & Unrestricted Totals				
Total Cash & Short Term	$	12,537,706		
Total Long Term		253,300		
Total Investments	**$**	**12,791,006**		

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3). and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or
- Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment)(SHC) are held in the Capital Fund (Schedule 4)

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

for the year ended March 31, 2008

Schedule 3

OPERATING FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations and Palliative Care	$ 149,304	$ -	$ 16,902	$ (42,661)	$ -	$ 123,545
Total Operating fund	**$ 149,304**	**$ -**	**$ 16,902**	**$ (42,661)**	**$ -**	**$ 123,545**

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 494,553	$ -	$ 86,065	$ (475,687)	$ -	$ 104,931
Total Capital Fund	**$ 494,553**	**$ -**	**$ 86,065**	**$ (475,687)**	**$ -**	**$ 104,931**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	$ 607,496	$ 15,920				$ 623,417
Maple Creek - Cypress Lodge	148,072	5,328				153,399
Shaunavon Hospital & Care Centre	273,002	11,506				284,508
Eastend Wolf Willow Health Centre	155,818	6,273		(5,754)		156,337
Prairie View Health Centre (Mankota)	50,638	5,340	6,632	(30)		62,580
Leader Hospital	99,598	1,363				100,961
Border Health Centre	28,480	1,200				29,681
Western Senior Citizens Home	20,090	144				20,234
Mankota Trust Loan	51,528				(6,632)	44,896
Total Community Trust Fund	**$ 1,434,723**	**$ 47,074**	**$ 6,632**	**$ (5,784)**	**$ (6,632)**	**$ 1,476,013**
Total Externally Restricted Funds	**$ 2,078,580**	**$ 47,074**	**$ 109,599**	**$ (524,132)**	**$ (6,632)**	**$ 1,704,489**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

(Capital and Operating Fund Equity)

for the year ended March 31, 2008

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
Capital						
SHC Replacement Reserves						
Cypress Lodge	122,742.01	6,210.10	-	-	(3,411.33)	125,540.78
Gull Lake Special Care Centre	104,817.91	5,303.24	-	-	(3,411.33)	106,709.82
Herbert Nursing Home	102,340.00	5,177.86	10,234.00	(84,559.00)	-	33,192.86
Western Senior Citizen Home	83,461.27	4,222.68	-	-	(3,411.33)	84,272.62
Total SHC	413,361.19	20,913.88	10,234.00	(84,559.00)	(10,233.99)	349,716.08
Other Internally Restricted Funds						
Saskatchewan Health restricted						
Capital Funding Fiscal 2006-07	477,940.00	-	-	(477,940.00)	-	-
SHIN Capital Fund	266,434.00	-	-	-	-	266,434.00
Diagnostic Imaging Funding 2006-07	138,762.00	-	-	(11,662.20)	-	127,099.80
Diagnostic Imaging Funding 2005-06	109,809.47	-	-	(87,466.53)	-	22,342.94
Infastructure Funding fiscal 2006-07	67,948.82	-	-	(67,948.82)	-	-
Facility Assessment funding 2006-07	65,000.00	-	-	(64,361.41)	-	638.59
Capital Funding Fiscal 2007-08	-	-	480,000.00	(75,966.04)	-	404,033.96
Infastructure Funding fiscal 2007-08	-	-	450,000.00	(250,000.00)	-	200,000.00
Facility Assessment funding 2007-08	-	-	10,000.00	-	-	10,000.00
Diagnostic Imaging Funding 2007-08	-	-	250,728.00	-	-	250,728.00
Patient Safety Funding 2007-08	-	-	910,612.00	(7,203.00)	-	903,409.00
Construction Funding 2007-08	-	-	83,645.00	-	-	83,645.00
Region restricted						
Eastend Wolf Willow Health Centre	53,643.78	-	-	-	-	53,643.78
Total Capital	1,592,899.26	20,913.88	2,195,219.00	(1,127,107.00)	(10,233.99)	2,671,691.15
Total Internally Restricted Funds	**1,592,899.26**	**20,913.88**	**2,195,219.00**	**(1,127,107.00)**	**(10,233.99)**	**2,671,691.15**

CYPRESS REGIONAL HEALTH AUTHORITY

CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION

for the year ended March 31,2008

Schedule 5

Board Member	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2008 total	2007 total
Lafreniere, Dennis	$ 1,660	$ 1,763	$ 600	$ 466	$ -	$ 179	$ 4,668	$ 34,132
Deg, Bruce	1,660	4,050	369	667	-	226	6,972	5,902
Donnelly, Lois	-	3,913	635	562	-	145	5,254	6,425
Elderkin, Barry	-	-	-	-	-	-	-	5,167
Goddard, Betty	-	3,363	1,034	1,121	-	-	5,518	6,700
Heeg, Ronald	6,640	5,956	1,210	1,567	-	-	15,373	6,153
Schmaltz, Jeannine	-	3,500	1,295	2,423	-	130	7,349	5,065
Thibault, Alma	-	525	88	211	-	-	823	
Walker, Louise	-	3,250	378	47	-	103	3,778	2,925
Whiteside, Brian	-	2,450	350	33	-	95	2,928	4,583
Yee, Audrey	-	1,000	146	33	-	30	1,209	3,940
Total	$ 9,960	$ 29,769	$ 6,104	$ 7,131	$ -	$ 909	$ 53,872	$ 80,993

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

for the year ended March 31,2008

	2008					2007		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severances	Total
Jim Hornell - CEO	$ 152,968	$ 4,642	$ 157,611	$ -	$ 157,611	$ 102,169	$ -	$ 102,169
Andrew Will - CEO	-	-	-	-	-	44,886	-	44,886
Kim Kruse - Director	62,675	-	62,675	-	62,675	63,320	-	63,320
Bryce Martin - Executive Director	93,200	-	93,200	-	93,200	88,734	-	88,734
Beth Vachon - Executive Director	112,547	482	113,029	-	113,029	118,805	-	118,805
Randy Belon - Executive Director	-	-	-	-	-	-	8,458	8,458
Beth Adashynski - Executive Director	93,152	-	93,152	-	93,152	94,611	-	94,611
Darold Sturgeon - Executive Director	5,194	-	5,194	-	5,194	125,728	-	125,728
Edward Harding - Executive Director	44,516	12,698	57,215	-	57,215	-	-	-
Brenda Schwan - Executive Director	124,998	-	124,998	-	124,998	160,256	-	160,256
Christine Mirka - Executive Director	123,529	-	123,529	-	123,529	118,637	-	118,637
Dr. Khami Chokani - Medical Health Officer	149,923	-	149,923	-	149,923	153,532	-	153,532
Dr. I Radevski - Senior Medical Officer	114,586	-	114,586	-	114,586	114,586	-	114,586
Total	$ 1,077,288	$ 17,823	$ 1,095,111	$ -	$ 1,095,111	$ 1,185,264	$ 8,458	$ 1,193,722

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Health Region Information

CYPRESS HEALTH REGION

429 4th Ave NE, Swift Current, SK S9H 2J9
Phone: (306) 778-5100 or Toll Free 1-888-461-7443 • Facsimile: (306) 773-9513
www.cypresshealth.ca

ADDICTION SERVICES

Swift Current	778-5280
Maple Creek	662-5340

AMBULANCE SERVICES

EMERGENCIES DIAL 9-1-1

HEALTH CENTRES

Border Health Centre (Climax)	293-2222
Eastend Wolf Willow Health Centre	295-3534
Gull Lake Health Centre	672-4700
Hodgeville Health Centre	677-2292
Ponteix Health Centre	625-3382
Prairie Health Care Centre (Cabri)	587-2623
Prairie View Health Centre (Mankota)	478-2200
Vanguard Health Centre	582-2044

HOME CARE SERVICES

Cabri	587-2921
Climax	293-2241
Eastend	295-3834
Gull Lake	672-4707
Herbert	784-2466
Hodgeville	677-2276
Leader	628-3166
Mankota	478-2339
Maple Creek	662-5333
Ponteix	625-5103
Shaunavon	297-1989
Swift Current	778-9531
Vanguard	582-2044

SOUTH WEST SK TRAUMATIC RESPONSE TEAM

	778-5280
(After Hours)	778-9522

HealthLine CALL TOLL FREE 1-877-800-0002
www.healthlineonline.ca

Compliments, Comments, Concerns
778-5115 or 1-888-461-7443

HOSPITALS

Herbert & District Integrated Health Facility	784-2466
Leader Hospital	628-3845
Maple Creek Hospital	662-2611
Shaunavon Hospital & Care Centre	297-2644
Cypress Regional Hospital	778-9400
Day Surgery	778-9419
Diagnostic Imaging	778-9457
Emergency	778-9412
Health Records	778-9440
ICU	778-9413
Laboratory	778-9563
Medical/Surgical Floor	778-9400
Mental Health Unit	778-9522
Pre-Surgical Screening	778-9530
Social Work	778-9484
Telehealth Facilitator	778-9465
Therapy Services	778-9449
Women & Children Health Services	778-9418

LONG TERM CARE

Cypress Lodge (Maple Creek)	662-2671
Eastend Wolf Willow Health Centre	295-3534
Foyer St. Joseph Nursing Home (Ponteix)	625-3366
Gull Lake Special Care Home	672-4701
Herbert & District Integrated Health Facility	784-2466
Palliser Regional Care Centre (Swift Current)	778-5160
Prairie Health Care Centre (Cabri)	587-2623
Prairie Pioneers Lodge (Swift Current)	778-5192
Prairie View Health Centre (Mankota)	478-2200
Shaunavon Hospital & Care Centre	297-1980
Swift Current Care Centre	773-9371
Western Senior Citizens (Leader)	628-3565

MENTAL HEALTH/TRAUMATIC RESPONSE TEAM

Leader	628-3166
Maple Creek	662-5339
Shaunavon	297-2644
Swift Current	778-5280
After Hours	778-9522

PUBLIC HEALTH

APPOINTMENTS

Swift Current & Area	778-5280
Rural Areas	1-866-786-2510
Gull Lake	778-5184
Herbert	778-5287
Leader	628-3160
Maple Creek	662-4112
Ponteix	625-5102
Shaunavon	297-2644
Swift Current	778-5280

CYPRESS HEALTH REGION

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info@cypressrha.ca

Website: www.cypresshealth.ca

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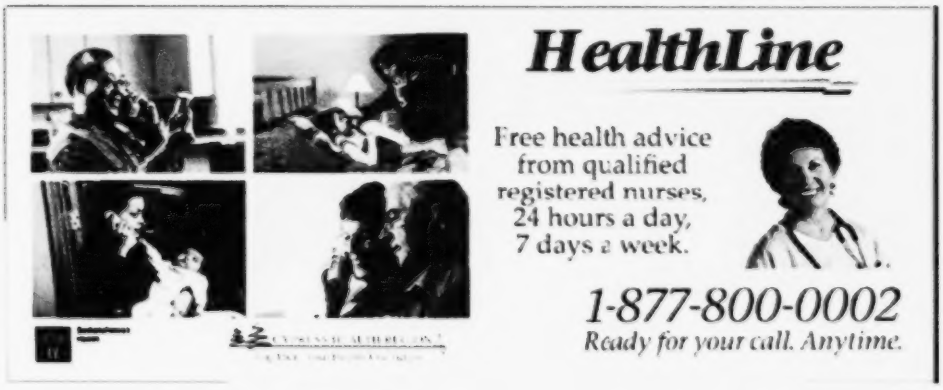
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